THE CANADIAN NURSE

LUME 53 NUMBER 11
MONTREAL

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Highlight for
OVEMBER 1957

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958 CNA CONVENTION

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GOOD HEALTH FOR ALL

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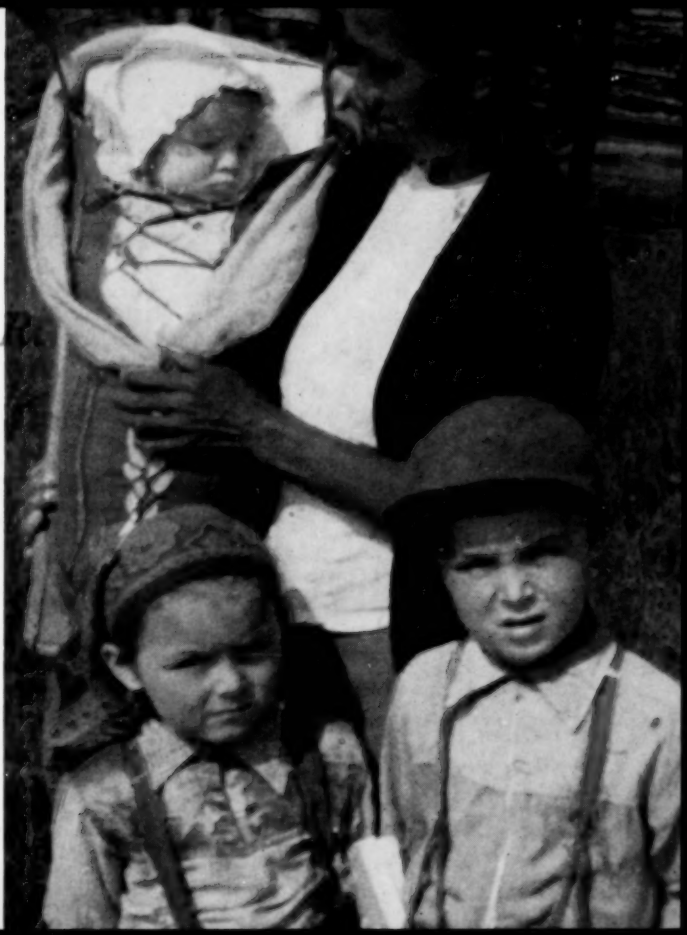

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THE CANADIAN NURSE

L'Infirmière canadienne

VOLUME 53 **NUMBER 11**

NOVEMBER 1957

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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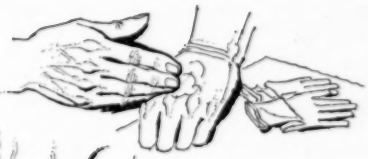
prevents...relieves rough, dry skin

...ideal after "scrub-ups"



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NAME.....

STREET.....

CITY..... PROV.....

Between Ourselves

One glance at the photograph of our guest editor, **Marion Christine Livingston**, on page 991 would convince the most unobservant person that an overcrowded work load, whole series of meetings, even the request to write an article would not seriously disturb this capable descendant of Irish forebears.

Born in Ontario, a graduate of Hamilton General Hospital and of Teachers College, Columbia University, Miss Livingston started with the V.O.N. as a staff nurse in 1938. Ten years later she moved into her present position as Director in Chief of the national body. She has been active in provincial association affairs for many years and until the state of her health forced her to resign early this year, she was president of the Registered Nurses' Association of Ontario. Happily, we add, her general health has greatly improved this summer.

* * *

It is seven months before the exciting events of the fiftieth anniversary of the Canadian Nurses' Association begin to unfold at the 28th convention. Most of us are such procrastinators that we may think seven months is such a long time there is no rush about sending in the **registration form** and the request for accommodation. Actually, the time is very short. It is estimated that the total registration may run as high as 3000. You will feel pretty disappointed if a place to live is found for the other 2999 and you are wandering about, or sleeping in your car, and all because your forgot to send in your registration.

We suggest that you take a pair of scissors right now and cut out the following page. Fill in all of the blanks, make out your cheque, fold the form neatly and pop it into the mail straight away.

If, unhappily, you later find it is absolutely impossible for you to get to the convention in Ottawa, your registration fee will be refunded to you in full — right up until June 21. That is the Saturday before the convention opens. In all fairness to the nurse who might occupy the bed that is being reserved for you, please cancel your reservation as early as possible if your plans miscarry.

There is no problem so far as student reservations are concerned. The school of nursing should send in registrations for the probable number of students who will be attending (together with the fee, of course). The names can be sent in next spring when the representatives are chosen but in the meantime the committee charged with allocating accommodations will know how many to expect.

Don't be disappointed next June. Act now!

* * *

For many years, the mentally subnormal children were more or less the "forgotten" group in medical planning. Some cities had established special classes in their educational systems where those capable of some learning could have the happy experience of going to school. Less fortunate children and those who were definitely problems were placed in custodial care in institutions. There, they were fed and clothed but little heed was paid to providing them with opportunities to learn.

As **Dr. Mildred Ellis** tells us, that negative approach is changing. The children are no longer housed in an "institution" — it is a "school" where the capabilities of each "student" are explored to the full. Perhaps little Joe will never be able to take his place in the social life outside the school but within its walls he leads a satisfying life.

Nancy Bushell describes the progress that occupational therapists have made in assisting all of the little Joe's and thousands of other patients to enrich their lives through doing something constructive. Along the road to recovery these are important signposts of progress.

* * *

In our May, 1956 issue we carried an article by **Kathleen Ruane** describing many of the new features included at the recently opened University Hospital in Saskatoon. Among other interesting items was the use, by the supervisors, of tape recorders instead of written reports. The ensuing months have seen the expansion of the use of these devices to the wards. In her current article, Miss Ruane tells us how useful the nurses find them.

* * *

A recent letter from **Helen McArthur**,

(Please turn to page 985)

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APPLICATION
CANADIAN NURSES' ASSOCIATION
Association des Infirmières Canadiennes
50TH ANNIVERSARY MEETING
Congrès du Cinquantième Anniversaire

Parc Landsdowne Park, Ottawa, Canada • June 23—27—1958—23—27 juin

Name—*Nom* .....
(please print) *(imprimez s.v.p.)*

Address—Adresse .....

Registered in Province of—*Enregistrée dans la province de*.....Number—*Numéro*.....

Active member—*Membre actif*.....Associate member—*Membre associée*.....

If student nurse—school of nursing—*Si étudiante-infirmière—nom de l'école*.....

CLASSIFICATION: (Please insert check mark where applicable); *(Veuillez indiquer une marque à la place appropriée);*

Hospital *Hôpital*..... Private nursing *Service privé*..... Public Health *Hygiène Publique*..... Occupational Health *Industrie*.....

Other *Autre*..... (specify) *(spécifier)* Student nurse *Etudiante-infirmière*.....

Staff *Service Général*..... Supervision *Surveillance*..... Teaching *Institutrice*..... Administration *Administration*.....

Kindly enclose registration fee: R.N.—$10.00; Student—$5.00
Veuillez inclure les frais d'enregistrement: I.L.—$10.00; Etudiante-infirmière—$5.00
Make cheque payable to CANADIAN NURSES' ASSOCIATION, 270 Laurier Ave. W., Ottawa, Canada.
Faites un chèque payable à l'ASSOCIATION DES INFIRMIERES CANADIENNES, 270 ouest, ave. Laurier, Ottawa, Canada.
No refunds after June 21, 1958. ***Aucun remboursement après le 21 Juin 1958.***

ACCOMMODATION — LOGEMENT

Congrès du 50ème Anniversaire
Parc Lansdowne, Ottawa, Canada
23 — 27 juin, 1958.

50th Anniversary Meeting
Lansdowne Park, Ottawa, Canada
June 23 — 27, 1958.

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Bath *Avec bain*					
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Members of Nursing Sisterhoods please indicate Order to which you belong:

Si vous faites partie d'une communauté religieuse hospitalière, veuillez indiquer l'ordre avec lequel vous êtes affiliée:

.....

(Over) *(Tournez)*

IMPORTANT ITEMS

1. Theme of 50th Anniversary Meeting
   "Into the Future Open a Better Way."

2. Keynote address to be delivered by —
   Miss Daisy Bridges — Executive Secretary
   International Council of Nurses

3. Pageant of Nursing — highlight of meeting — open to the public

4. Simultaneous translation — for benefit of our French speaking members.

5. C.P.R. Nurses' special train from Vancouver to Ottawa.

REGISTER EARLY FOR THE CANADIAN NURSES' ASSOCIATION'S 50th ANNIVERSARY MEETING

Arrival Date
Date d'arrivée .....

Hour
Heure: .....

By Special Train:
Par train spécial: C.P.R. .....

Regular Train — *train régulier* .....

Airline — *avion* .....

Bus — *autobus* .....

Motor — *automobile* .....

PLEASE RESERVE EARLY — *S.V.P. RÉSERVEZ TÔT*

IMPORTANT

Please state date of arrival in order that accommodation may be reserved.
Veuillez s.v.p. indiquer la date d'arrivée, afin que nous puissions faire vos réservations.

Please return forms to:
S.V.P. retournez ces formules à:

Canadian Nurses' Association,
270 Laurier Avenue West,
Ottawa 4, Canada.

Convention Accommodation, 1958

HOTELS

Hotel	Address	Rooms without Bath Single	Rooms without Bath Double	Rooms with Bath Single	Rooms with Bath Double
Chateau Laurier	Major's Hill Park			$7.50 to $11.50	$13.50 to $16.50
Lord Elgin	Laurier and Elgin			$7.00 to $9.00	$9.50 to $12.00
Albion	Daily and Nicholas	$4.00 to $5.00	$5.00 to $7.00	$5.00 to $6.00	$6.00 to $9.00
Alexandra	Bank and Gilmour	$4.50 to $5.50	$7.00 to $8.50	$5.50 to $7.50	$8.50 to $11.00
Beacon Arms*	88 Albert			$7.50 to $8.50	$10.50 to $12.50
Eastview	200 Montreal Road			$5.50 to $6.50	$7.50 to $9.00
Riverside*	399 Riverside Drive			$7.50 to $8.50	$10.50 to $12.50
Lafontaine	336 Montreal Road			$7.00 to $9.00	$9.00 to $14.00

* Apartment Hotel

Rates Subject to Change

MOTELS — MOTOR COURTS

Name	Address	Rates 2 Persons Minimum	Rates 2 Persons Maximum
Richmond Rd. — Route 17 West to Britannia Heights — Route 15 to Rideau Lakes — Toronto			
Monarch Motel	2 miles W. City Limits	$6.00	$10.00
Route 16 to Prescott, Brockville, Thousand Islands, Kingston and Toronto			
Green Valley Motor Court	Prescott Highway	$6.00	$7.50
Pinegrove Motor Court	1 mile S. City Limits	$3.00	$7.50
Route 17 East to Montreal, Laurentians, Quebec and the Maritimes			
Reliance Motor Court	112 Montreal Road	$6.50	$10.00
Rockhaven Motel	597 Montreal Road	$9.00	$12.00
Route 17 West to Arnprior, Renfrew, Algonquin Pk., North Bay, Northern Ont., Sudbury			
Macie's Motel	1274 Carling Avenue	$6.00	$9.00
Aladdin Motel	1655 Carling Avenue	$8.00	$10.00
Webb's Motel	1705 Carling Avenue	$6.00	$9.00
Alice's Wonderland Motel	Carling and Roseview	$6.00	$8.00
Riverside Gardens Motel	1½ miles W. City Limits	$8.00	$9.50

New Products

Edited by DEAN F. N. HUGHES

PUBLISHED THROUGH COURTESY OF *Canadian Pharmaceutical Journal*

BENETRANK BITABS

Manufacturer—Canada Pharmacal Co. Ltd., London Ont.

Description—Each brown and yellow dappled tablet contains Benactyzine HCl 3.0 mg., a low-dosage tranquilizer.

Indications—Anxiety tension states, psychomotor hyperactivity, apprehension, etc.

Administration—One Bitab daily.

DISIPAL

Manufacturer—Riker Pharmaceutical Co. Ltd., Toronto 8.

Description—Each coated tablet contains 50 mg., Orphenadrine (2-dimethylaminoethyl 2-methylbenzhydryl ether HCl).

Indications—For symptomatic relief in Parkinson's disease and to relieve muscular spasm and rigidity associated with a variety of conditions.

Administration—Usual dose is 50 mg. three times a day. Doses up to 250 mg. daily have been used without disagreeable side effects.

ECOLID

Manufacturer—Ciba Company Limited, Montreal.

Description—Chlorisondamine, a new orally and parenterally effective ganglionic blocking agent for use in patients with moderate to severe — including malignant — hypertension.

Indications—Specifically indicated for refractory and malignant hypertension.

Administration—Complete instructions may be obtained from the company.

MEPEDOXIN

Manufacturer—British Drug Houses (Canada) Limited, Toronto, Ont.

Description—Each scored tablet contains Mepedyl (N-methylpiperidyl-4-benzhydryl-ether 8-chlorotheophyllinate) 3 mg., and pyridoxine HCl 50 mg.

Indications—For relief of nausea and vomiting of pregnancy, and nausea attributable to other causes, particularly when believed to be due to a derangement of protein metabolism.

Administration—Average adult dose is 1 tablet up to 3 times daily. For children, ½ adult dose. In nausea of pregnancy, it may be desirable to administer a dose late at night and another upon arising.

MEPEDYL

Manufacturer—British Drug Houses (Canada) Limited, Toronto.

Description—N-methylpiperidyl-4-benzhydrylether 8-chlorotheophyllinate, low-dosage antihistamine, scored tablets of 3.0 mg.

Indications—Hay fever, asthma, allergic rhinitis and conjunctivitis, bronchial asthma, head cold, allergy-conditioned migraine, pruritus, itching dermatoses, neurodermatitis, insect bites, urticaria, food and drug allergies, motion sickness, postoperative and post-narcotic vomiting, labyrinthitis and other vestibular disturbances.

Administration—Average adult dose is 1 tablet 3 times a day. In resistant cases may be increased to 2, or even 3 tablets if necessary.
Children, one-half adult dose.

PENTERGOT

Manufacturer—Winter Laboratories, Toronto 5.

Description—Each suppository insert contains: Ergotamine tartate 2 mg., caffeine 100 mg., hyoscyamine sulphate 0.25 mg., pentobarbital sodium 60 mg.

Indications—For symptomatic treatment of migraine.

Administration—One insert during attack. Repeat in one hour if necessary.

PYRAHIST

Manufacturer—Canada Pharmacal Co. Ltd., London, Ont.

Description—Each green and brown dappled tablet contains: Diphenylpyraline 2.5 mg.

Indications—For antihistamine therapy in pediatric practice.

DESITIN SOAP

Manufacturer—Desitin Chemical Company, 5 Traymore Crescent, Toronto 9.

Description—An unusually mild soap made of highest quality ingredients. Lightly scented, hard milled for lasting quality. Contains antiseptic hexachlorophene.

Uses—For care of baby's skin. In dermatitis and other skin conditions requiring efficient cleansing. Non-irritating to sensitive skin.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

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1957-1958

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A Two-Year Course designed to prepare graduate nurses to teach basic sciences in schools of nursing and leading to the degree, Bachelor of Education in Nursing (B.Ed.N.). It includes studies in the humanities, the physical, social and biological sciences, teaching and nursing education.

Bursaries are available in both years of this course.

For additional information, write to:

School of Nursing,
McMaster University, Hamilton, Ontario

THE THIRD ARM

Manufacturer—A-1 Manufacturing Company, 5411 N. Clark St., Chicago, Ill.

Description—A steel clamp on a flexible arm attached to an adjustable base. Can be attached to a bed, a dresser, a table etc.

Uses—As a mirror-holder or phone-holder. Originally designed as a baby bottle-holder.

HOSPITAL-BINGO

Manufacturer—Midwestern Publishing Company, 520 Trust Building, Lincoln, Nebraska.

Description—A new game for hospitalized children. Based on the things a child might observe from his bed or hear. The game has a hard back, is easily held. Comes in a series of 8 different games with descriptions of 3 ways in which each may be played. Further information may be secured by writing to the company.

(Continued from page 980)

national director of nursing services, Canadian Red Cross Society, contains a request that we pass along to you:

"Since we are listing the May, 1957 Civil Defence issue of *The Canadian Nurse* as reference material for our Red Cross Home Nursing instructors, we are interested in salvaging as many used copies of this issue as we can lay our hands on.

"I'm afraid we cannot offer to pay for these, but if any nurse who is planning to discard her copy could be persuaded to mail it to the National Headquarters of the Canadian Red Cross Society, 95 Wellesley St. East, Toronto, we would be most grateful."

A few words of advice to those of you who may send copies. You may mail it in the envelope in which this issue arrived by drawing a line through or pasting a label over your own name and writing the above address there. Put on a *five cent* stamp to cover the postage. Do **not** seal the envelope or use Scotch tape as that jumps the mailing cost to first class rates. Staple the flap if you are worried that the copy may slip out.

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PROGRAM FOR GRADUATE NURSES LEADING TO THE DEGREE OF BACHELOR OF NURSING

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Students are granted a diploma on the completion of the first year of the degree program. All first-year students elect to study in a particular field as stated above.

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Five-year program for high-school graduates who have passed in the required papers of the McGill Junior School Examination or their equivalents. This program combines academic and professional courses with supervised nursing experience in the McGill teaching hospitals and selected health agencies. This broad background of education, followed by graduate professional experience, prepares the nurses for advanced levels of service in hospital and community.

For further information write to:

DIRECTOR, McGILL SCHOOL FOR GRADUATE NURSES,
1266 PINE AVE. W., MONTREAL, 25, QUEBEC.

SOLU-CORTEF

Manufacturer—The Upjohn Company of Canada, Toronto.

Description—Each vial contains: Hydrocortisone 100 mg., (Present as hydrocortisone sodium succinate) buffered with sodium biphosphate and sodium phosphate.

Indications—In general, the indications are the same as those for sterile solution Cortef (intravenous). These include acute adrenal cortical insufficiency; shock unresponsive to standard antishock therapy, acute hypersensitive reactions (such as status asthmaticus and allergic drug reactions); disseminated lupus erythematosus; and overwhelming infections with severe toxicity when the nature of the infection has been established and appropriate antibiotic therapy instituted before Cortef therapy is begun. In patients undergoing surgery and who have received corticoid therapy within a year, Solu-Cortef may be employed prophylactically to prevent the development of acute adrenal insufficiency, particularly in the event of emergency surgery.

Administration—Prepared for use by adding 2 cc. of sterile water to 1 vial sterile powder Solu-Cortef, 100 mg. The usual initial dose is 100 mg. intravenously. If subsequent doses are required, 50 mg. is usually sufficient.

The Journal *presents pharmaceuticals for information. Nurses understand that only a physician may prescribe.*

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Superintendent of Nurses
Nova Scotia Hospital
Drawer 350
Dartmouth, Nova Scotia

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For further information write to:

Miss H. M. Lamont, Director of Nursing, Royal Victoria Hospital, Montreal 2, Que. or Miss Cynthia Lidstone, Supervisor of Nurses, Allan Memorial Institute of Psychiatry, Royal Victoria Hospital, Montreal 2, Que.

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School of Nursing, Montreal

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2. A two-month clinical course in *Gynecological Nursing.*

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For information apply to:

Director of Nursing
Royal Victoria Hospital
Montreal 2, Que.

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Queen Square,
London, W.C.1.

and

MAIDA VALE HOSPITAL

London, W.9, England

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For further particulars apply to the Matron,

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Experiences include cancer research, chemotherapy, medicine, surgery, radiation therapy and team nursing.

Classes are admitted in the fall and spring semesters. Plan now to join the group beginning on February 3, 1958.

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Good personnel policies and living facilities.

For further information write to:

NORMA F. OWENS, ASSISTANT DIRECTOR INTERNSHIP IN ONCOLOGICAL NURSING, DEPT. OF NURSE EDUCATION, SCHOOL OF EDUCATION, NEW YORK UNIVERSITY, WASHINGTON SQUARE, NEW YORK 3.

WILLS EYE HOSPITAL

Philadelphia, Penna.

The largest eye hospital in the United States, offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools.* Operating Room Training is scheduled in the course.

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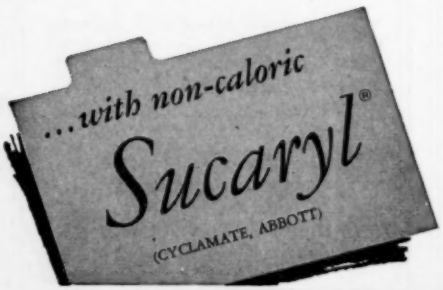

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Bursting at the Seams

HERE IS A THOUGHT! It happened to come up in connection with the Jubilee Year of the Victorian Order of Nurses, but is something which touches all nursing, every hospital, and indeed the whole medical and social welfare community of Canada. It is this. Since the turn of the century, in some respects, the wheel has turned full cycle in Canada. Some of the very same basic conditions which brought about the founding of the Victorian Order of Nurses in 1897 have appeared in Canada again in 1957.

Sixty years ago, Canada was receiving the first large influx of immigrants from overseas since Confederation. The country had not the medical and nursing staff to handle the extra work. Doctors were overworked, hospitals scarce and overcrowded, nurses were at a premium. Lady Aberdeen and the National Council of Women saw that it would be necessary to carry nursing service into Canadian homes, on a national scale, because there was no other practical way of caring for the ever-increasing number of patients and people who should be patients. Hence the V.O.N.

Since that date, hospital space in Canada has been enormously enlarged and improved. The number of medical practitioners has been multiplied and their great skills reinforced with new techniques, especially in diagnosis. But

(Paul Horsdal Ltd.)

M. CHRISTINE LIVINGSTON

once again the population of Canada is bursting through its seams. Natural increase is very high and in addition, since World War II, immigrants have been flooding to our shores from overseas, nearly one and a half millions of them. Doctors are overworked again, many hospitals simply have not beds enough to handle applicants as fast as they would wish. Great strain is placed upon the nursing as well as the medical resources of the nation. We are back, in some ways, to where we of the V.O.N. started. "This is where we came in," you might say.

Meanwhile, however, something else has happened which greatly helps the nursing profession in tackling the not new, but repetitive situation. In the intervening years there has developed a much greater public understanding — among the people at large, as well as in the medical and nursing professions — of the benefits of carrying nursing care into the home in a wide variety of circumstances but especially among older people and the very young.

Medical science and public health measures have done wonders in increasing the average Canadian's span of life, but this, in turn, has brought a spate of new problems. We live longer. They are more older people among us, happily; but more older people inexorably mean more patients with heart trouble, strokes, circulatory illness and other chronic conditions which are associated with age. So the problems which faced Canadian nursing at the turn of the century are in some ways greatly extended.

On the other side of the picture, the nursing profession may take considerable joy and some pride in the great steps that are being made in rehabilitation work. Far fewer cases are given up as hopeless or "incurable." Old people with afflictions are no longer hidden away. The psychological implications of illness are becoming better understood, or at least a beginning is being made in understanding.

People are beginning to understand that if a person can be happy and be cared for in a home, he or she may be well. Not one person only but the whole family must understand about the things that are essential in the care of older people.

The great advances being made in rehabilitation of the disabled or handicapped provide one of the greatest sources of satisfaction to our nursing profession. We can help people learn to help themselves: help them to return to usefulness and the feeling that goes with it — the sense of being wanted and valued. If we have to meet our share of tragedies, as part of our daily rounds, we nurses at least can do something to relieve tragedy.

There is a well-known story told of a V.O.N. in the Maritimes Provinces who was queried by a visitor at the end of a long, sad, difficult day, "one of those days" in fact. She was asked whether she did not get depressed. "Oh, I might," she replied, "But when you are a V.O.N. you can go into a house, roll up your sleeves and do something about it."

That was told of a nurse with the Victorian Order but it goes for nurses everywhere.

M. Christine Livingston,
Director in Chief,
Victorian Order of Nurses for Canada.

Diabetes Week

The week of November 14-21 is being observed as Diabetes Week in Canada. The Canadian Diabetic Association has had a year of progress distinguished by several important events. A Model School for Diabetics was held in Edmonton with attendance of 60 students from widely scattered areas of Western Canada. This provided special benefit for a few newly discovered diabetics from remote areas who had never known another diabetic. They gained valuable encouragement and a much better outlook on the future. The objective of Diabetes Week is to register *in confidence* all diabetics in Canada. Completion of such a project would help greatly in achieving proper surveys and in collecting data of importance to the diabetic.

Open Doors

MILDRED C. ELLIS, B.Sc., M.D.,C.M.

IN BRITISH COLUMBIA we call it "The Woodlands School." It may be called other names in other provinces: but wherever it is, it is many things to many people. In the past, it was a cluster of barred, locked buildings — government security to its employees, a thorn to society, an island of grief to parents, the end of the road for its inmates. But not so today,! Today, in most provinces of Canada, institutions for the mentally retarded have become truly "training schools," bringing with the change a challenge to staff, a responsibility to society, hope into the hearts of parents, and happiness to the lives of the mentally deficient.

Three years ago, while in eastern Canada, I accepted a position on the West Coast as medical officer in a "school for 1,200 mental deficients." I crossed a continent to take that post, in a field about which I knew nothing. I have had no regrets. It is a challenging, demanding, and rewarding work. But there is much to be done for the mentally retarded that the staff of such a school cannot do. That responsibility must be placed on the shoulders of the people in the community. Nearly 2 per cent of any population is mentally deficient, and society has a responsibility not only to the one-tenth in institutions but as well to the nine-tenths who stay in the community.

You are familiar with the saying that there are no problem children, only children with problems. The mentally deficient is an individual who has a condition, present from birth or early age, characterized by a below average mental functioning associated with one or more of the following:

1. Slow rate of maturation.
2. Reduced learning capacity.
3. Inadequate social adjustment.

This condition, then, brings the mentally deficient many problems. He does not cease to be a child or adult; he does not cease to have the needs and problems of any child or adult; but because of his condition he has *additional needs.* And he is exercising his inherent right, as a member of society, to demand of us the help he needs to alleviate these problems and reach his given potential.

I would like to tell you what is being done in our residential schools for the mentally deficient, but will naturally have to confine my discussion to the situation at the Woodlands School in New Westminster, B.C. We have a residence population of a little over 1,200. A new building will soon open for the admission of 300 more; however, the waiting list is over 400, and some of these have been on the list for several years. The occasional admissions taken during the past few years have been chosen on an emergency basis, because of physical, mental, emotional or social exigencies in the individual situation. Our pupils range in age from infants to the elderly; in mental impairment from mild to severe; in physical status from no impairment to those requiring complete bed care; and some have emotional and social complications. It is imperative then that our staff complement shall include both medical and teaching members.

Our medical staff includes the superintendent, who holds qualification in psychiatry; and the assistant superintendent, also a psychiatrist, who conducts and supervises programs in individual and group psychotherapy. There are five medical doctors, of whom two are pediatricians who attend to the needs of the infants and children, and one of whom is presently completing a dietary research project with our phenylketonurics, in conjunction with the Vancouver General Hospital and the University of British Columbia. The nursing Department has five registered nurses, and seven male psychiatric nurses, in supervising capacities, with a ward staff of about 360 male and female psychiatric nurses

Dr. Ellis is Medical Officer, Woodlands School, New Westminster, B.C.

and aides. General medical care is given and minor surgery done. We have a full-time dentist; two therapists in the Physiotherapy Department; a speech therapist; laboratory and x-ray departments; and an audiologist two days a week whose services are provided by the Provincial Public Health Department through a Federal Health Grant. As part of the mental health services we are enabled to utilize the facilities of the nearby Provincial Mental Hospital for major surgery, psychiatric treatments, specialist consultations, E.E.G., and E.C.G. Unfortunately, we have been, for too long a time, without the vital assistance of a psychologist, although some part-time services are kindly provided by the Provincial Mental Hospital.

Our educational and training program has developed in five major directions.

1. *Academic schooling:* About 360 of our pupils participate in instruction whereby a staff of eleven qualified teachers takes them through a system of preschool groups, kindergarten, primary, junior and senior academic classes to the limit of their capacity — at present the highest are doing Grades 8 and 9 work. Two Opportunity Classes function for more adult pupils, placing emphasis on practical aspects of education most suited to the needs of potential rehabilitees. Most pupils are in these classes because of lack of educational opportunity in the community prior to admission; or because, with developing maturity, they have come to realize the need for more education and have themselves requested it. The girls are given training in home economics, the boys in manual arts. From this basic standard of education, the school branches out into special classes: two for those in the cerebral palsy group who are physically handicapped, one ward class for bed patients, and classes in lip reading, speech correction and Braille. There are also extracurricular activities — needlecraft for the girls, typing classes, individual piano lessons, rhythm and flutophone bands, singing and choral work, and the usual seasonal parties and Christmas concert.

2. *Shop and apprentice training:* Following schooling, female adults may receive job training in the sewing room and tailor shop; the male adults may go in to the shoe repair shop or upholstery and furniture repair shop. In addition, females may be taught work habits and routines on children's wards or in the nurses' residences under direction of ward staff and home supervisors. Males, under direction of department crews, are given training in assisting with gardening, electrical or painting work. A number of our young men and women are placed in day jobs or permanent employment in the domestic field, gardening, construction work or farming.

3. *Recreational therapy:* A staff of two therapists and an assistant conduct a recreational program throughout the day and evening. This runs the gamut from play therapy, simple gymnastics and music appreciation for trainable children, through the usual school gymnastics and games such as badminton and volley ball for school children, to senior gym work, weekly dances, and a summer baseball league between about four male teams and two female teams. We are looking forward to the opening of a new building which is designed to hold an auditorium with a stage, a swimming pool, and a general recreational floor, which may have a bowling alley. The adjacent playing ground area may be utilized for tennis and basketball, among other things.

4. *Occupational therapy:* Again, two therapists and an assitant conduct a program of occupational therapy which provides simple occupations for the lower levels; more useful and satisfying projects for higher levels, with emphasis on healthy utilization of leisure time; and remedial therapy for pupils with certain types of physical handicaps. In the department you may see spastics concentrating on the rudiments of muscle control in lacing, buttoning or other everyday tasks which to them are so difficult. The girls may be doing needle-work, making raffia baskets, hooking fascinating mats, weaving intricate place-mat designs, runners, or material for skirts or aprons. The boys may be doing leatherwork, copper tooling, soap carving, cane seating. Classes are held on the wards for the physically incapacitated, and special equipment is on hand for their needs.

5. *Socializing activities:* It has be-

come increasingly evident in institutions such as ours that long years in large groups within four walls have deprived our residents of aspects of social adjustment so naturally assimilated in home environments. We failed to foresee that in preventing their use of such everyday items as telephones and money, we would deprive them of abilities which are taken for granted in society; in placing them on large wards with institutional furnishings and routine, we would subject them to a cold environment which dims the spark of emotional response; in demanding communal rights and disciplines, we would leave them with no opportunity to think for themselves or to develop a sense of responsibility and values. A concentrated effort is being made to supply such needs and help our pupils grow to social maturity. While all departments are contributing to this ultimate goal, there are three areas in particular which make an outstanding contribution.

(1) *Auxiliary services:* The New Westminster branch of the Parents' Association of Retarded Children has an auxiliary group to The Woodlands Schools. One branch project has been the opening of a "club room" in the centre of town. There, pupils with town privileges may have a social get-together, or invite their friends, enjoy relaxation, games, refeshments and special celebrations, with branch members present as social hostesses. Individuals and families in the Auxiliary are providing numerous opportunities for our boys and girls to go shopping, attend church, share a family group, go car driving, have parties in their homes, or receive cards, parcels or visits.

(2) *Scouting program:* For two years, under volunteer leaders from the ward staff, a Cub Pack and Scout Troop have functioned in all areas of the Scouting program, enjoying visits to other groups, taking their place in District functions, participating in the outdoor activities that form such a vital part of their training. For the past year their sister groups, the Brownies and Girl Guides, have also been active; and on several occasions all groups have combined to share some important aspect of the program.

(3) *Fraser Glen training unit:* Six months ago we reorganized one ward, placed on it a specially chosen staff, one female member, 30 boys with the highest potentials for social improvement, and as homelike an arrangement of new furniture as possible. Here, the boys elect a Mayor and Council and supervise the management of their own internal affairs, with encouragement and guidance from the staff. Duties are assigned by the boys and punishments, when necessary, are meted out by their own Council. All participate in group psychotherapy. The pleasant environment, permissive attitude, instructive discussions, and the presence and feminine duties of the House Mother are already making considerable difference in the boy's attitudes and abilities. The same principles are beginning to creep into the management of other wards. It is hoped that the success of the experiment will provide the incentive to encourage such a program throughout the school.

Following the progress of the individual throughout his period in the institution is the larger group of doctors, social workers, ward staff, teachers, and instructors. Milestones in the pupil's adjustment and training are such things as the Diagnostic Clinic — a complete over-all assessment of the individual within six weeks after admission, with assignment of his program; the staff clinic — for re-assessments of the individual and his progress at any stage of his training; and the Rehabilitation Clinic — for assessment and re-assessment of his potential for returning to the community.

In every phase of the work, members of the Social Service Department take an active and important part. From the pre-admission interviews and orientations with parents, through the innumerable personal problems of pupils and the case work services, to the field of community rehabilitation, the contribution of our three workers is a vital and staggering one.

Hand-in-hand with the entire program must, of necessity, go education for the staff and for members of the community. Medical, teaching and social service staff all take time to contribute to this worthwhile aspect of the institution. Community groups are always welcome, come now in increasing numbers, and leave with a greater understanding and such outspoken enthusiasm that this part of our program

is most gratifying to everyone.

The striking things to me about such a program as this, based of necessity on medical care, are the warm personal associations many of the ward staff provide the residents; the individual interest taken by shop instructors and maintenance crew; and the tremendous versatility of our teaching staff, beyond academic requirements, in providing an all-round education for the pupils. Such interest and enthusiasm beyond the confines of duty are heartwarming and humbling. But perhaps most striking is the presence of many personal needs of individuals which only interested people in the community can fulfil.

And what of the needs of the nine-tenths remaining in the community? It has been said that every child has "an inalienable right to the full development of his physical, mental, emotional and social potentials," and, therefore, an "inherent right to demand of mankind whatever he needs to supplement his own efforts." Take an honest look around you at the facilities for the mentally retarded in your community. You cannot fail to see that many of his needs are still wanting; and if, besides that honesty, you have an understanding heart, you will hear his demand to *you* to help him. Who is better qualified to do so than one trained in the most human of scientific arts? Because of your training, because your neighbor places so much faith in your knowledge and advice, and because of the many important functions and roles you assume in our communities, you — the Canadian nurses — hold in your hands the opportunity and the great responsibility of answering the cry of the mentally handicapped and of furthering his welfare.

In the Good Old Days

(*The Canadian Nurse* — NOVEMBER, 1917)

The juice of garlic and onions has long been a non-professional remedy for whooping cough, diphtheria, typhoid fever and pneumonia. Oil of garlic is composed of allyl sulphide with volatile terpenes and appears to be Nature's antiseptic for internal use. It may be inhaled in pulmonary conditions. In diphtheria the patient should keep a clove of garlic in the mouth and crush it between the teeth to squeeze out the juice.

* * *

Why is it that the average graduate nurse takes so little interest in public matters? Indeed one could go further and ask just what proportion of nurses attend their own professional meetings. Isn't it the same few, the busiest of a busy profession, who do all the drudgery and work of these organizations?

* * *

A very widespread interest has been aroused throughout the Western Provinces concerning the question of hospital accommodation and nursing attention for the prairie sick. An Act passed in Saskatchewan made provision whereby groups of rural and urban municipalities may cooperate in the erection and maintenance of hospitals.

* * *

If armies stand or fall by their morale, it is equally true that the soundness and strength of our nursing body will be judged in the last analysis by the quality of its spirit.

* * *

A small quantity of oil of lavender mixed with the same amount of water and sprayed from a common glass atomizer in places where flies collect will drive them away. A French scientist states that flies have an intense dislike for blue. Rooms decorated in this color are not troubled with them.

If the secret of a good vacation could be wrapped up in a line it would have to be said that any holiday is a good one if you take more out of it than it takes out of you.

—A. A. OSTROW

Nearly one-fourth of all patients admitted to some mental hospitals have cerebral vascular disease. Many of these people could be rehabilitated.

—National Heart Institute

Hastening Recovery

NANCY BUSHELL

OCCUPATIONAL THERAPY is defined as "any activity, mental or physical, definitely prescribed and guided for the distinct purpose of contributing to and hastening recovery from disease or injury." It means active participation in an organized program and, therefore, it is the effort of the patient himself that results in his improvement or cure. Like other treatments it is prescribed by the physician, and then supervised by the therapist.

There are three major objectives: Physically, it aids in restoration of joint and muscle function; mentally, it stimulates new interests and eases emotional stress; socially, it assists in the adjustment of the patient to his illness, raises his morale and develops group responsibility and cooperation. Occupational therapy includes activities that fall into three main classes:

1. Creative arts and manual skills such as weaving, pottery, cordwork, leather work, basketry, rugmaking, carpentry and metalwork.
2. Recreational activities.
3. Educational services.

HISTORY

Occupational therapy is a somewhat new profession, but tracing its history will reveal that the chief principle on which it is based is of early origin. In the year 172 A.D. the Greek physician Galen wrote: "Employment is nature's best physician and essential to human happiness." It has been an accepted theory for hundreds of years that man is happiest when he is busy.

In the latter part of the seventeenth century and into the eighteenth century, the first reforms in the care of the mentally ill made use of this principle. Dr. Phillipe Pinel of France and Dr. Samuel Tuke of England were well known for their therapeutic employment of patients. Dr. Tuke, in a letter dated July 17, 1815, addressed to Mr. Thomas Eddy, secretary of the board of the Society of the New York Hospital, said, "I observe with pleasure that one leading feature of your institution is the introduction of employment amongst the patients, an object which I am persuaded is of the utmost importance in the moral treatment of insanity." This was early recognition of the relatively greater merits of therapeutic employment over inactivity.

By the end of the 18th Century, Dr. Benjamin Rush of the Pennsylvania Hospital in Philadelphia introduced this work cure as a form of treatment. As care for the mentally ill progressed, such activities as sawing wood, gardening, reading, writing, and music were included in the program. These activities diverted the patient's attention and afforded exercise for both body and mind. Although various terms have been used for this type of treatment, it was not until 1914 that the term occupational therapy was used. It has since enjoyed benefits of scientific development and definite organization.

Before World War I, occupational activities were well established in mental hospitals and beginnings were being made in other medical spheres. These have broadened to the extent that occupational therapy is now an active program in general and children's hospitals, tuberculosis sanatoria, homes for the incurable and for the aged, rehabilitation centres, industrial clinics, sheltered workshops and cerebral palsy clinics.

The needs of World War I immediately expanded the field of usefulness and accelerated development. At this time the first school in Canada was established at the University of Toronto. It was a three-month course, lengthened to two years in 1926. In 1950, the training for occupational and physical therapy was combined. As physical therapy was already established at McGill University, this created two schools each graduating combined the-

Miss Bushell is Occupational Therapy Director, Camp Hill Hospital D.V.A., Halifax, N.S.

rapists in three years. In 1954 McGill separated the courses — two or three years, depending on student's qualifications — for a diploma in either O.T. or physiotherapy, and added two years for a degree in Occupational and Physical Therapy. In 1954, a third school was established at the University of Montreal.

The components of these courses are essentially the same: approximately one-third consists of practical aspects such as therapeutic occupations, remedial exercises, electrotherapy, hydrotherapy, massage, etc. The greater area of training takes in medical subjects — anatomy, physiology, psychology, neurology, medical and surgical conditions and psychiatry.

Purposes

The main purposes for which occupational therapy is prescribed are:

(1) *The restoration of function of diseased or injured joints and muscles:* This is required for fractures, dislocations, nerve lesions, contractures, spine injuries, burns, tendon transplants. Muscles are strengthened through repeated use in activities specifically chosen for this purpose. limitation of joint motion can be overcome when the activity provides the incentive to exceed these limitations. The development of coordination, particularly of the upper extremities and hand-to-eye, can perhaps best be achieved in the O.T. department.

When a patient is confined to bed for a period of time before remedial exercise is indicated, he is given light craft work on a non-specific basis. Such useful employment contributes to a happier relationship with fellow patients and medical staff. When specific remedial exercise is indicated, the occupational and physical therapists work together: to improve motion of joints and strength of muscles; to develop coordination, motor skills and work tolerance; to prevent building up of unwholesome psychological reactions or to correct them if they are already established. These ends are accomplished through constructive, graded activities that give the patient the specific type of exercise he needs while at the same time providing him with interesting and absorbing things to do.

In some cases of physical disability, adjustment and adaptations of crafts, tools and working positions are necessary to insure best results. In these cases the therapist must use her ingenuity in adapting the necessary equipment for the individual. For example: padded tool handles for those with weak or limited grasp; weights and springs on such equipment as looms, to demand more effort on the part of the patient; special pedal attachments for bicycle saws; high, low or off centre position of work. Where there is excessive loss of muscle power, as in polio, suspension slings (to eliminate gravity) are used extensively during active treatment periods and also play an important part in every day functions such as eating.

Exercises given by this objective method centre the attention of the patient not on his disability but on the work he is doing. The project becomes the sugar-coating on the pill of corrective exercise. The patient frequently loses himself so completely in the task that he moves the injured part much further than was considered possible. Such is the psychological approach that is so invaluable throughout this phase of treatment.

(2) *Re-adjustment attending long-term and chronic disease:* Considered under this heading are illnesses such as arthritis, chorea, tuberculosis, hemiplegia, multiple sclerosis, asthma and chronic bronchitis, cardiac conditions. Occupational therapy can play a major role in relieving or combatting emotional reactions to illnesses of a chronic nature. During chronic illness mental depression and a fatalistic psychology can seriously react on the patient's physical condition. In this strange and fearful world in which he has suddenly found himself, he can regain a measure of his self-confidence when he discovers there are many things he is still capable of doing. He can learn new accomplishments to replace other activities denied him by his handicap. Constructive interests promote objective thinking and thus help dispel neurotic tendencies. They also assist in the prevention of the establishment of invalid habits and alleviate mental stress by helping the patient accept his illness or

disability and adapt himself to it. It stimulates and retains the work habit, gradually building up a work tolerance. It provides a foundation upon which suitable post-hospital employment may be planned.

Carefully graded programs can help the cardiac overcome fear of physical exertion. With the arthritics, occupational activities help prevent further deformity, strengthen the muscles which control and maintain the correct position of the joint, and increase the range of motion. A program for the hemiplegic might commence with sanding, pottery or checkers, to encourage use of the disabled hand and arm. If, at the end of about two months there is no apparent return of functions, emphasis is placed on one-handed activities such as weaving. If the unaffected hand is the non-dominant one he is started on a program of re-education in writing, dressing, etc. In cases involving aphasia, the therapist may be called upon to provide speech therapy, if a qualified therapist in this field is not available.

Economically, occupational therapy can be of some benefit to certain types of patients — but this is seldom stressed. The therapist is not a perfectionist and is little concerned with the appearance of projects, except that they be completed to the best of the patient's ability. However, in some long-term cases such as tuberculosis, the financial situation is often of grave importance.

The sale of therapeutic crafts will often assist, to some extent, in the family upkeep. What is more important this earning capacity helps the patient maintain a sense of responsibility. This may also apply to long convalescence at home prior to employment. This being the case, the therapist sees that the patient has gained sufficient knowledge in his new skill that he may carry on independently. She also equips him with information regarding purchase of tools and materials.

(3) *For providing controlled activities for mental and nervous disorders:* One of the major problems confronting this type of patient is to practise new ways of handling his emotions and new skills in living. What opportunity does the patient in the psychiatric hospital have for such learning? Shock and other drastic treatments may bring his thinking into rational focus; psychotherapy may provide insight; but only practice can produce successful living. The primary function of occupational treatment is to provide the opportunity for such experience.

It has been stated that occupational therapy is not just diversion through craftwork and games but that all patient activities are occupational therapy; that these, as treatment, must be measured and coordinated through planning, not for a small part of the day but for the whole day in order that the patient may benefit to a maximum. The occupational therapy department can serve as a research laboratory where life situations can be duplicated to some extent. We can observe how the individual functions in these situations. The patient can be presented with standardized occupational, recreational and crafts tests. The degree and manner of response recorded give direct and significant evidence of how the patient meets similar life situations.

Of definite value is hospital industry. The many chronic patients who have endured an active treatment program without improvement or with progressive deterioration can often be maintained at a minimal level of mental and physical efficiency by employment at simple labor. A well planned occupational therapy program includes hospital industry with the therapist assisting in job placement. In large institutions the therapist is also responsible for social and recreational activities — summer and winter outings, sports, dances, parties, plays, etc.

A full daily program should be instituted for these patients soon after admission and so organized as to include good balance between work, recreation and social opportunities. These activities are planned because they have:

A normalizing influence

Develop group responsibility and cooperation

Arouse and develop attention

Give an outlet for repressed energy

Ease emotional tension and restlessness

Substitute encouragement for discouragement

Replace unhealthy mental trends with healthy ones

Conserve or encourage the work habit
Give opportunity for self-expression and the development of initiative.

Regarding the specific psychiatric conditions there is a general aim for each. For schizophrenia, occupational therapy encourages free expression in their activity and tries to provide a healthy interest to replace fanciful thinking. Their program is planned to include stimulating activities with an opportunity for specialization and development of group consciousness. Many of these patients will find ego satisfaction in creative art and the first signs of renewed interest in the world of reality often come through pottery, painting, or music.

With the simple, catatonic, hebephrenic and paranoid types of schizophrenia the chief goal is to take their minds from their old thoughts and divert them to normal healthy attitudes. They require a program that will give them an opportunity to develop skills and confidence in themselves and other people.

The manic depressives are either directed into a simple activity that provides rhythm, concentration, and a fair amount of physical exertion or a simple task which aims to reestablish feelings of personal value and achievement. In the early stages the manic can satisfy his urge for destruction by tearing material or cutting wool in preparation for weaving on rug making. Painting large objects also provides a good outlet. The depressed patient is a very unhappy person, often with a sense of personal failure and ideas of guilt. He can gain satisfaction and relieve his feelings of guilt by participation in monotonous, uncreative tasks which involve doing things for others. Eventually, when his surroundings become more familiar, his program is graded until he is capable of choosing and planning a craft for himself, thus providing him with the opportunity to make decisions and carry them through.

With anxiety disorders it is of prime importance to create new interests and develop an objective outlook, to divert attention from physical symptoms. These patients should not be left to sit around with each other from day to day discussing their ailments and difficulties. Giving then indirect physical stimulus such as may be found in recreational games and gradually increasing the amount of exertion is a good psychological approach.

For the obsessive-compulsive, activities can be prescribed that will enable the patient to channel his need for a certain amount of repetition, routine, organization and perfectionist strivings. Weaving is a good example of a craft well suited to this type of patient. The setting up of a loom is intricate and cannot be easily abandoned at a moment's notice; the patterns are interesting and variable. Well warranted praise and encouragement facilitates treatment in these cases.

(4) *For re-education of permanent disabilities:* In this group are the amputees, polios, paraplegics, quadriplegics, etc. Here, the ultimate goal is suitable employment, for rehabilitation cannot be affected without consideration of vocational problems. This is a very definite challenge to all members of the patient-care team, and can best be achieved through close liaison and understanding of each member's particular contribution.

The occupational therapist has much to contribute in that she has early and relatively extensive contact with the patient. She is equipped to conduct measures in work tolerance, under guidance of a physician. Through observation, in an environment which resembles work atmosphere, she is able to appraise such characteristics as initiative, persistence, leadership; to test skills and performance; to discover aptitudes, etc. All these are factors in determining the direction his rehabilitation will take.

During the active treatment stage for these disabilities, a great deal can be done in developing self-help devices and training in activities of daily living — ADL's. This is a relatively new area of work and an ever-increasing field of specialization. These self-help devices or gadgets are made to suit the individual's needs, in order to make him more self-sufficient. Examples of these are the straps which go around the hand to hold an eating utensil, so that the man who cannot grasp a spoon is still able to feed himself. Or it might be as simple as a long handle put on a comb for a patient who cannot reach up to comb his hair.

Such things as a combination knife and fork can be purchased for the hemiplegic. The training of the upper extremity amputee in the use of his prosthesis also takes place in the O.T. department. The therapist can often be of assistance to the nurse in teaching the patient self-sufficiency in dressing, getting out of bed, putting on braces, etc. ADL's are charted so that a general assessment is readily available and progress recorded. Often used in this assessment is the ADL board which consists of taps, door-knobs, telephone, belts and various articles that might be encountered in the average home during a day.

A special type of training along these lines has been developed in many units for the disabled homemaker. Household activities should be stressed with women patients who will be returning to the responsibilities of caring for a home and family. To facilitate treatment, a model kitchen is set up within the department, first to evaluate capabilities and then for training. It is emphasized that in most instance standard kitchen equipment and gadgets are quite adequate. For example — the use of suction cups in stabilizing mixing bowls. When possible, a home visit by the therapist is beneficial in analyzing specific needs and in some cases planning rearrangement of kitchen facilities so that the patient need expend a minimum of effort in household duties.

With long-term institutional living, the chronically ill or permanently disabled patient creates and lives in an egocentric world. The occupational therapy workshop affords opportunities for group awareness and socializing in an environment away from the ward and associations with treatment and illness. Working with others on a combined project the individual learns cooperation and his responsibility to the group. In some hospitals this department looks after all social and recreational functions, such as parties, picnics, dances, etc. Clubs for those interested in stamp collecting, gardening or music appreciation might also have a part in the program. These are of definite value to the patient who is incapable of participating on the physical level. Interests of this sort help to stimulate the mental processes and often are the stepping stones to increased activity.

The work of the occupational therapist is not confined and never should be to the mere teaching of arts and crafts. It should include all these other activities which play an integral part in welfare of the patient.

At the International Congress for Psychiatry held in Switzerland recently it was urged that the present concept of mental disease should be broadened to allow for deeper probing into the chemistry and metabolism of the human body.

Four American doctors have pioneered in the field of biologic psychiatry. This line of research has resulted in the scientific basis for present-day treatment of psychiatric disorders with chemical agents . . . The physiodynamic approach to mental disease is based upon the recognition that sources of behavioral disturbance are multiple and may derive from external as well as internal forces. This concept has proven its practical value. It has conferred the property of predictability to an area of psychiatry and permitted doctors to predict that ACTH and cortisone upon administration could produce psychosis. It led some years ago to the development of a blood test which was 80 per cent accurate in the identification of schizophrenic patients.

—Medical and Science Communications Associates, Inc.

In most cases the patient (who has had a stroke) does not die, and if he survives the initial attack and has no recurrences, his life expectancy is often as great as that of persons of the same age who have not had strokes . . .

Some patients recover from a stroke within a few weeks or months; in others varying degrees of paralysis of an arm and leg and some difficulty in speech may persist. The hemiplegic patient need not be doomed to a life of helplessness — 90 per cent can be taught to walk again, to care for their own bladder and bowel needs, and 30 per cent can be taught to do gainful work.

—National Heart Institute

The Tape Recorder as a Means of Communication

KATHLEEN RUANE

EARLY SOCIETIES, we are told, were simple in structure and self-contained, changes were few and widely spaced in time, and problems in communications did not exist. Behavior was governed by tradition or patterns laid down by the ancestors. Almost the only division of labor was between the work that was considered suitable employment for males and the rest of the work that had to be done by the women.

As a society grows in complexity a division of labor arises. Men tend to specialize in their work and it is in this specialization of skills and services that difficulties in communications begin. For a well knit society to exist, people must know what to expect of each other and what is each one's responsibility.

Formerly, hospitals were small worlds set apart from the main stream of life. Turnover of staff was slight and tradition was firmly entrenched. Now, multiple changes are taking place. Developments in medical practice have shortened the patients' stay and so increased their turnover; the number and categories of workers rendering service to the patients have increased and the division of labor is no longer between doctor and nurse. Formerly, communications were vertical — mostly downward — and centralized. Now they tend to be more horizontal. A further disruption of a once relatively static scene has come with the introduction of a 40-hour week.

In order that the many services growing up in the modern hospital may coordinate their functions, a stream of requisitions, memos and reports has inundated the nursing staff. So great has been the growth of this "paper work" that it threatens to use the nurses' time to such an extent that there is little left over for patient care.

Miss Ruane is Director of Nursing at the University Hospital, Saskatoon, Sask.

In the interest of conserving the precious time of the nursing staff at the University Hospital in Saskatoon, an attempt has been made to eliminate the "paper work" in one small area at least and still preserve effective communications. This was done by placing tape recorders on the nurses' stations for the purpose of reporting from one tour of duty to another.

Previous to this innovation there were two traditional methods known to us: a written report on all patients, sometimes known as the "day book," or a verbal report using the kardex as a reference. Numerous theories were indulged as to the advantages of this new device, and now, after a trial period of six months, we are convinced that the theories are sound in practice. For one thing, tape recorded reports are more concise yet informative and irrelevant material is kept to a minimum.

The head nurse in charge of the ward puts the day report on the tape recorder previous to the evening staff coming on duty at 3:30 P.M. They listen to the report and any questions arising from it are discussed with the head nurse before she goes off duty. A half hour before the evening staff end their tour, their report is dictated onto the tape recorder and is ready for the night staff when they arrive at 12 midnight.

Sometimes, in order to organize staff to meet peak work loads, it is necessary to bring some members on duty at different hours of the day, such as 10:00 A.M. to 7 P.M. shift. Now the head nurse does not have to pause in the middle of a busy morning to repeat the report — the nurse can be brought up to date and made familiar with the ward situation by turning on the tape recorder.

The nursing staff in the average hospital is made up of graduate nurses, student nurses, nursing assistants, orderlies and ward aides, all working at different technical levels. We are told that if these diverse workers are

Day staff listening to the tape recorder.

to be safe and satisfactory they must be kept informed about the patients whom they tend and that the best way to do this is to have one and all present at the "morning report." However, we found the service demands of the ward prevented some of the staff from being present. With the introduction of the tape recorder, the night staff attend to the patients' needs, take temperatures and answer the telephone, while the day staff is listening to the "morning report."

Where the 40-hour work week is in effect we frequently hear the comment that when the nurse returns from her days off duty she finds there is an almost complete turnover of patients and even the members of the staff have changed. This return to a markedly altered situation is further emphasized at the University Hospital where the rotations to evening and night duty are automatically scheduled at two-week intervals with ten evenings or nights on duty and four days off. Nowadays, the nurse returning from her days off runs the tape recorder back for three or four days and hears all that has happened, patient-wise, while she was away. This information is especially essential to the head nurse if she is to become quickly oriented to her ward and maintain good communications with her patients, staff and other service departments.

There are other advantages arising from this new system of reporting. For instance, the verbal report takes less time than a written one, but the dictated report does not suffer from the inaccuracies or omissions that occur in a repeated verbal report. Furthermore, a staff of 10 or 12 is not kept waiting several minutes for the night nurse to finish up some last-minute details before she is able to collect her kardex and wits and settle down to give a calm, comprehensive report.

For the best results, the tape recorder should be set up in a room adjacent to the nurses' station. The room should be large enough for all the staff to be seated without interruption during the entire report. If there are any matters regarding policy or procedure arising from the report, they may be discussed at this time. A standard-type recorder should be in use throughout the hospital to obviate learning new skills when moving from one station to another. However, it would seem advisable for each hospital to try several machines for recording before deciding on any particular one. And then there is the matter of cost. Dictaphones, for example, are more costly than the tape recorder, but the

former has some features to commend it, i.e., the belts may be filed away for reference after they have been used. We have found that by using the 1200 foot tape for the recorder we are able to refer back four or five days.

We have been using this method of reporting on half of the wards at the University Hospital for about six months and are now convinced that all wards should be equipped with tape recorders. It would be rather difficult to calculate the amount of time saved in terms of dollars and cents by the use of this device, but it is not difficult to assess the improvement in communications at that hub of all hospital activity — the nurses' station.

Nutrition Experiment

S. Nott

A HIGH PERCENTAGE OF PUPILS at Bloomfield School did not realize the importance of a good diet. Many were coming to school having eaten candy for breakfast. The principal, the teachers and the public health nurse decided to try the rat experiment as an object lesson. This included feeding two rats a good diet and two a poor diet. The food of a good diet included milk, cheese, vegetables and meat. The poor diet consisted of bread, jam, candy and soft drinks.

The pupils in Grade VIII brought the food daily and had the general care of cleaning the cages, weighing, etc. The experiment lasted six weeks. At various intervals students from the other grades were shown the rats with their weight chart and diet. It was made clear to the children that the animals on the poor diet had enough food in their cages to eat at all times. After results had been fully demonstrated, the poorly fed rats were put on good diets and allowed to improve.

The white rats were chosen for the experiment because they are small, clean, easily caged, eat food which people enjoy and respond generally to different types of diets much as people do. Also, children do not contract disease from white rats as is sometimes supposed.

(Harry A. Cochrane)

Tending the white rats

The characteristics of a well nourished rat were explained to the children. The soft, white fur grows longer, thicker and slightly creamier in color with age. It has wide open, bright, pink eyes, with clean eyelids and pink ears. The feet and tail are also pink. The tail is smooth and free from blotches or scaly blemishes. A healthy rat is good-natured, quick and alert in its movements, and tidy in its habits. All these characteristics were clearly seen after the experiment was started. The children were amazed with the results.

The characteristics of the poorly nourished rats were also clearly demonstrated. The rats were nervous and irritable. They darted out of the cage as soon as it was opened. The skin on the ears and feet appeared harsh and dry. It became scaly instead of developing the waxy, healthy look. The hair became shaggy and dull in appearance.

It is hoped that after this experiment a change in attitude will be seen in the students. They have seen for themselves the contrast in the growth of young animals fed on adequate and inadequate diets. Of all the controllable factors which affect growth, food is of the greatest importance. Children are frequently skeptical of the value of following good food habits.

Miss Nott is a public health nurse on the staff of the City Nursing Division, Department of Public Health and Welfare, Halifax.

The Role of the Nurse in Rehabilitation

KENNETH L. HAWKINS

IT IS TRUE THAT many of us are not aware of the number of other professions concerned with the problem of rehabilitating the individual. Most of us look at the problem from the point of view of our own particular profession. be it social work, clinical psychology, vocational rehabilitation, medicine, surgery, physical therapy, occupational therapy, nursing, placement, recreation, education and others. Each professional worker enters the picture at the time when the need for him, on the part of the individual being rehabilitated, is most urgent. Hence, that particular worker receives the impression that his contribution is the most important part of the program. *At that moment it is the most important.*

The moment, however, is but a passing phase. The individual profession or worker is a link in a long chain of progress. Without the contribution, as needed, of each profession, the process of rehabilitation would be seriously hampered, and at best incomplete. It takes team work, understanding and recognition of the role played by other professions to accomplish effective rehabilitation. Our objectives are, after all, the same:

a) to aid the individual by lessening or removing his physical handicap.

b) helping him to adjust physically and emotionally to daily living.

c) preparing him for a suitable job.

d) helping him to find a job and to keep it.

It must never be forgotten that the chief in rehabilitation is the individual being rehabilitated. We can cooperate in motivating him. guiding him, removing obstacles from his path or showing him how to overcome them but it is he who does the travelling and the roadwork. We cannot do it for him.

Mr. Hawkins is with the Rehabilitation Section, Division of Tuberculosis Prevention, Ontario Department of Health.

The nursing profession has a place in the rehabilitation scheme — within the hospital, in public health, and in industry. It is my intention to detail each of the aforementioned categories and to give my impressions and conclusions of the nurse's responsibilities on a rehabilitation level for each of these areas.

THE HOSPITAL NURSE

Let us deal first with the responsibilities of the hospital nurse and the part she plays in a rehabilitation program.

Today's concept of good nursing care in general is that each member of your profession should have as her goal the understanding of the patient as a person and not just as the exemplification of some specific disease. The need for this approach to nursing is not more evident than in tuberculosis where, sometimes, disease itself may seem to be overshadowed by personality, social and economic problems. These often complicate and prolong the treatment and may even distract the hope of permanent cure. Nursing activities touch the life of the tuberculous individual in many ways and many places and their importance cannot be overestimated.

Within the hospital, recent trends to early ambulation and the emphasis on *rehabilitation* have altered to some degree the nursing approach to the bedfast and convalescent patient.

Nurses must be specially trained in the art of what to say and what not to say. Head nurses must be concerned with the exercises of the patient even more than with the neatness of the bedclothes. There must be no lethargy and no despair, but only activity and life. Orderlies, porters and ward aides must share in the spirit of happiness. It is necessary not only to dismiss fear and depression, to create an atmosphere of cheerfulness, and to cultivate the will to recover, but also to emphasize the importance of hard work. We must remember that the average per-

son who lies in bed for weeks and months — asking for this, ordering that, commanding the other — becomes the king of a little universe which revolves around him. The germ of chronic invalidism is easily implanted.

The patient must be inspired with a hopeful attitude. He must be weaned from too complete dependence. This may be accomplished at first in small ways, even before he is well enough for any definite active treatment. By the manner in which the nurse encourages the ill person to try to help himself, take an interest in his neighbour, participate in organized training and recreation programs, she starts him back on the road to independence. She must be careful in applying the new doctrines not to expect too much of each patient, nor to try to compare, lest she elicit a negative response. Then, as Piersol has said, "it is often more convenient and timesaving to keep patients in bed than to go through the struggle of getting them up and encouraging them to help themselves." It is difficult for the nurse to stand by offering suggestions and encouragement while the convalescent struggles to do for himself what she could do in half the time. He needs the exercise, the physical and mental retraining, and the confidence that he will acquire while doing it.

Where many varieties of services are available, such as occupational, physical or recreational therapy, vocational guidance and others, the nurse will act more or less as a coordinator. On a busy ward this is sometimes difficult. For those patients where prolonged medical treatment is sometimes required, education is of primary importance. Treatments and nursing care must often be planned around the school teacher's time. Depending on the greatest need of the individual patient and the case load of each professional worker, the schedule must be planned. In some convalescent hospitals, scheduled conferences are held immediately after the doctor's rounds to determine who shall have first call on the patient's time.

The nurse's chief responsibility is to see that the patient applies to his daily ward activities, the principles of treatment, therapy, training and exercise prescribed for him. Her cooperation, or lack of it, can often be an important factor in the success or failure of a physical or mental reconditioning program within a hospital. The nurse spends more time each day with the patient than any other member of the hospital staff. She is in the best position to judge his stability and ability to get along with others. The doctor or other workers who may see the patient at short intervals, may have the impression that a certain patient is a slovenly, irresponsible person. But the nurse who sees the patient all day may report that the doctor's visits are made before the patient has been groomed for the day. By visiting the patient an hour later, the physician might receive an entirely different impression.

Because she is with the patient so much of the time, the nurse will recognize the psychological moment when he is ready to start something new, when rest and inactivity are beginning to bore him. He enters a phase where he needs a change for relaxation. Then when the patient actually begins his training program, she can help him see the need for sticking to it.

Adequate nursing care implies a great deal more when considered in terms of the patient's total needs and his chances of making a good recovery and becoming satisfactorily rehabilitated — socially as well as vocationally. Included in this consideration should be:

a) Recognition and handling of psychological and emotional needs in a sympathetic and intelligent manner.

b) Health instruction individualized for the patient's needs and circumstances on admission and throughout his hospital stay.

c) Time and opportunity for effective referral of problems to doctors and allied workers and for cooperative planning on behalf of the patients.

The role of the hospital nurse in rehabilitation, then, might be said to include:

Aiding in or supervising specific treatments.

Preventing deformity and further disability.

Teaching self-help measures.

Recognizing the patient as an indi-

vidual with many problems other than those which can be met by nursing care.

Cooperating with and coordinating the activities of other workers in the total care of the patient.

Interpreting the physician's recommendations to the family and to other workers.

Being aware of existing legislation and community resources and aiding in the referral to other agencies and professional workers in the field of rehabilitation.

Other aspects of hospital nursing care might be added, but all the items referred to are essential for adequate nursing care, and, if carried out effectively, should result in improved service to the patient and greater incentive and satisfaction to the professional nurse.

The Public Health Nurse

There are many rural areas that have no health services other than the public health nurse. Public health nursing, organized as it is to "further public health measures designed to prevent and reduce sickness and to produce positive health," also has a role in rehabilitation. Many public health nurses have received special training in orthopedic nursing, physical therapy, mental hygiene, and tuberculosis nursing. This training is of great assistance when working with rehabilitation agencies on a consulting basis.

There have been several definitions of the public health nurse's functions in the field of rehabilitation, but the following seems to be most generally accepted:

> The location of persons requiring health and physical restoration services; helping to plan daily life so as to enable the individual and the family to make the most of the medical advice and other health services at his disposal; giving home nursing to all age groups and health conditions and also teaching others to give this care. She must be able to recognize symptoms which may indicate mental illness, prepsychotic tendencies, serious personality problems, constitutional inadequacy and possible mental defect. She must know how to use all the resources for the help of such individuals, including not only medical care, but such employment and other services as are available. She aids in the development of community resources for the prevention and treatment of illness.

For example, intensive health guidance of all those afflicted with tuberculosis must be carried out from the time of discovery of the condition until long after job placement to prevent recurrence of the disease and possible infection of others. Working closely with private physicians or clinics, the public health nurse helps the patient accept the diagnosis and adjust to long-term illness. She helps to obtain treatment in a hospital or to plan the care in the home. She instructs the family in the cause and method of spread of tuberculosis. She refers them for financial or other aid as necessary. She helps to locate contacts and to arrange for their X-ray examination and follow-up. She interprets physician's recommendations to placement personnel, and works closely with the occupational health nurse in the follow-up of tuberculous persons who have been placed in industry.

The role of the public health nurse in rehabilitation, then, might be said to include the following:

Case finding.

Bedside nursing care in the home.

Health counselling.

Instructions in the use of prosthetic appliances.

Interpretation of the physician's recommendations and prognosis to the patient's family and to other case workers.

Conversant with empowering legislation and local community resources.

Referring to and cooperating with other agencies and workers in the field of rehabilitation.

Supplying follow-up services.

Occupational Health Nurse

This nurse may function particularly in the referral of workers no longer eligible for workmen's compensation but needing further help toward full rehabilitation. The extent of her participation will depend upon agreements made between the agencies administering vocational rehabilitation in the area or province in which she is working. Her responsibilities will depend on

plant policy and the working agreements between herself and the plant physician. Her duties would include the following:

Assistance with preplacement examinations.

Coordinating the results of the examination with the recommendations of the vocational service which directs the physical restoration of the worker up to the point where he is employable.

Helping the plant supervisory staff understand the needs of the worker for health guidance and protection on the job through frequent observation of the adjustment of the worker.

Aiding in the provision of special chairs, tools, or other equipment, if necessary.

Coordinating the plant program for the rehabilitated worker with the community facilities that will contribute to his continued usefulness.

Summary

In this paper a discussion of the role which the nurse should play in rehabilitation has been presented. To what extent is this ideal realized? That is a question which the nursing profession itself is attempting to answer at the present time. While many of us realize our responsibilities in rehabilitation, many others do not. In numerous areas, staff education programs within hospitals and convalescent homes are being planned to ensure team work. Attempts are being made to integrate into the curriculum for students an understanding of the individual as a member of the community. Cooperation with other professions is stressed, and the professions concerned with rehabilitation are being urged to aid in interpreting their work to the nursing profession so that there may be mutual understanding and respect.

If the desired results are achieved, then we see the nurse acting as a member of a relay team in which the patient is passed from one worker to another with a sympathetic and understanding contribution by each to his general welfare. No one period in the life of the patient, from the time of diagnosis to total rehabilitation, is distinct from another. Each phase complements the other in progress towards an ultimate goal.

There is a great deal still to be done before nurses can attain, on a local level, the ideals of cooperative service in rehabilitation which they realize as part of their responsibility. "Ideals are like stars; we may never attain them, but like the mariner on the sea, we may chart our course by them." With the help of other professions, we can, in the near future, attain these ideals.

The New Watchword

Whereas in our unbalanced world, good and evil face each other with ever-increasing acuteness, so that man has become more preoccupied with armaments than with social progress, we, the nurses of all countries, whichever may be the field in which we exert our mission, we are a unified army, an army well equipped and perfectly trained by our mere moral forces. Thus we are able to fight against those enemies of mankind: hunger, illness, suffering, ignorance, fear and hatred. Our philosophy, our beliefs, our race, our language, our civilization, are not important in themselves, since the watchwords given by the International Council give us a unity of thought and action . . . As we are about to leave I will give you the Watchword which seems to me to express and contain all our aspirations.

This Watchword evokes reason, it enlightens our knowledge. It makes us discern what is right, good and just. It will give us the strength to carry on.

Under whatever circumstances, we shall keep our moral balance, unselfishness, moderation, a sense of humor. These will be our accomplishments.

This word — do I have to tell you — is **Wisdom.**

Mlle Marie M. Bihet
Retiring President
International Council of Nurses

Les Deux Pôles de la Personnalité

Cécile Franck, B.Sc.H., M.Sc.S.

La personnalité se fonde sur deux entités bien distinctes, l'une individuelle, l'autre sociale.

Le profil individuel de notre personnalité est fait de la somme de nos habitudes, de la somme de nos comportements. Comportements et habitudes qui sont bien nôtres et qui nous marquent dans une cohérente et durable unité. Ils nous marquent si bien qu'ils font de nous un être unique dans l'immense univers. En effet, que je sois infirmière "x y z," ma personnalité fait de moi un petit cosmos dans le grand que j'habite. Et ce petit cosmos, si petit et si apparemment insignifiant qu'il soit, n'a jamais eu son pareil et ne l'aura jamais dans toute l'histoire. Qu'on me pardonne d'associer ici la philosophie et le langage populaire moderne: mon individualité, ma personnalité fait de moi un "produit exclusif."

Considérons maintenant l'autre face de notre profil. Elle est étampée du social, celle-là. C'est par cette face que nous sortons de notre petite coque d'individu fermé sur les autres êtres, imperméable à toute possibilité d'héberger en nous un autre que nous-mêmes. Elle nous jette dans la mêlée. Cette face sociale secoue notre commode inertie d'être unique en son genre, dans le passé, dans le présent, dans l'avenir. C'est par ce côté que notre personnalité rayonne et montre ce qu'elle est, ce qu'elle vaut.

Ce qu'il nous faut retenir de ce second aspect de notre profil est ceci: notre personnalité, dans son entité sociale, est l'ensemble des réactions que notre être individué est appelé à créer sur d'autres êtres, individués eux aussi. C'est la somme des différentes manières dont nous influençons, par ce que nous sommes, le reste de l'humanité. Consciemment ou inconsciemment, nous avons notre répercussion sur notre entourage. Chacune de nos actions appelle une réaction sur le milieu que nous habitons, sur les âmes, sur les individus que nous coudoyons.

Toutefois, considérée sous la facette personnelle ou envisagée sur le plan social, notre personnalité est toujours faite de plusieurs traits. Et ces traits, tels que l'agressivité, la coopération, la tenacité, la sympathie, le tact, l'enthousiasme, les dispositions de chef, l'habileté ne sont pas des ingrédients disparates. Ils forment un tout, un et unique, qui est nous et pas un autre. De plus, ces éléments cohésifs et personnels ont ceci de particulier: ils ont quelque chose de mobile, bien qu'ils soient stables. Ils sont susceptibles d'être modifiés par les différentes situations sociales que nous vivons. Dès lors, ils pourront varier dans leur intensité et dans leur efficacité. Si bien qu'avec les mêmes potentialités fondamentales, les mêmes ressources, nous nous étiolerons et subirons une vie sans épanouissement, sous un climat dont les composantes ne correspondent pas à nos besoins, tandis que nous fleurirons et rayonnerons sous un ciel plus clément.

Le mot d'ordre pour clore cet article devrait, semble-t-il, s'exprimer ainsi: "Comprendre plutôt que juger." Et, je m'explique. La personne humaine a deux tendances naturelles antagonistes. Par notre individuation qui nous tire à part et nous fait un être si différent des autres, nous sommes portés à juger et condamner ceux qui ne sont pas comme nous, et ils sont nombreux puisque chacun de nous est une exclusivité. Mais grâce à notre sociabilité, l'équilibre peut s'établir. Au lieu de juger, nous tâcherons plutôt de comprendre. Et nous pourrons ainsi devenir les êtres les plus miséricordieux du monde.

Mlle Franck est professeur à l'Ecole des Infirmières, Hôpital du Sacré-Coeur, Cartierville, Qué.

I believe the future is only the past again, entered through another gate.

Nursing Profiles

TWENTY-FIVE YEARS of devoted service with the Ontario Department of Health will be brought to a close with the retirement this month of **Edna L. Moore**, Director of the Division of Public Health Nursing. In October, 1956 nurses across Canada were deeply pleased and proud when the honorary degree of Doctor of Laws was bestowed upon Miss Moore by the University of Western Ontario. It was an honor richly deserved by one who had championed the cause of public health nursing for so many years, recognizing that an adequate health service was fundamental to a sound economy and the national welfare. The standards of service provided by Canadian public health nurses are living proof of Miss Moore's philosophy, leadership, wisdom and vision.

Her entire professional career reflects the energy, enthusiasm and ability that were eventually directed towards public health nursing. The alumnae of the Toronto General Hospital proudly claim her as their own. Her graduate activity began in her home school in 1913 when she became, successively, assistant night supervisor and then supervisor of the emergency department. From March 1915 to June 1919 she served overseas with the C.A.M.C., receiving the Associate Royal Red Cross in recognition of her contribution. On her return to Canada she joined the Department of Soldiers' Civil Reestablishment, then transferred to the Ontario Department of Health as a social service nurse. Following a two-year period as supervisor of a health unit in New York State, Miss Moore joined the Canadian Tuberculosis Association as a field worker. In 1929 she returned to the United States as assistant director of the National Organization for Public Health Nursing, New York. In 1931 she became the Chief Public Health Nurse with the Ontario Department of Health and was appointed to her present position when the division was created in 1944.

EDNA L. MOORE

Although her retirement will cause much regret, it will happily provide her with leisure to do all of the things she has always wanted to do but for which she could not find the time. A love of the out of doors is satisfied through participation in a field naturalists club. She is a member of The Federation of Ontario Naturalists. The organization of the Soroptomist International of Toronto was in part at her instigation. More recently she was elected to the Synod of Toronto Diocese of the Anglican Church and in 1957 to the Synod of the Ecclesiastical Province of Ontario. The sincere best wishes of her friends go with her into the future.

Helen M. O'Meara has been appointed Assistant Supervisor of Nursing Counsellors in the Civil Service Health Division, Department of National Health and Welfare, Ottawa. A graduate of St. Michael's Hospital, Toronto, Miss O'Meara took postgraduate work in public health nursing at the University of Toronto School of Nursing. She later obtained her B.Sc.N. through studies at the University of Ottawa and Columbia University.

Service with the Ottawa branch of the Victorian Order of Nurses was interrupted when she became the first director of the public health nursing course at the University of Ottawa. Then in 1947 when the Civil Service Health Division was formed, Miss O'Meara joined the staff as a nursing counsellor. Her interest in nursing af-

fairs in general, a rich background of experience in the public health field, and her intimate knowledge of the Civil Service Health Division will make her a source of strength in her new supervisory position.

Kathleen Louise Macdonald was recently appointed lecturer in public health nursing at the McGill School for Graduate Nurses, Montreal. A native of Alberta Miss Macdonald travelled far afield at a very early age and began her primary education in Milan, Italy, later returning to Alberta where she completed her basic education at Calgary and the University of Alberta, Edmonton. In 1944 she graduated from University Hospital in that city.

In 1945 she completed her B.Sc. in nursing specializing in public health nursing, again at the University of Alberta. In 1952 she completed studies for her master's degree at the University of Washington. Miss Macdonald was the recipient of a teaching fellowship in health education in the Women's Physical Education Department, University of Washington, 1950-52. She has, at various times, seen service as a staff nurse at Taber Municipal Hospital; as a district nurse at Fort Assiniboine and as a school nurse in Edmonton. From 1952-54 she was a staff nurse with the Metropolitan Health Committee, Vancouver, later becoming the assistant supervisor of Unit 2 of that organization. This year, several months of her time were spent as a member of the Italian Planning Committee in completing arrangements for the ICN congress.

Her interest in professional matters and associations resulted in her appointment as chairman of the Committee of Personnel Policies, R.N.A.B.C. in 1956. For the year 1953-54 she was a member of the Pediatrics Planning Committee, R.N.A.B.C. and in 1955 served as vice-president of the Metropolitan Health Committee Nurses' Association. Off duty, sports of various kinds and an interest in singing, dramatics, foreign languages and travel provide a wide range of activities. She is a graduate member of the Alpine Club of Canada.

Gladys Louise FitzPatrick has taken up her duties as director of nursing, Hospital for Mental Diseases, Brandon, Man. A graduate of the Nova Scotia Hospital, Dartmouth, she obtained her diploma in psychiatric nursing from McGill University in 1947. Prior to that Miss FitzPatrick had spent two years in military service. She has had several years of administrative ex-

(Jacoby Studios Inc.)

GLADYS L. FITZPATRICK

perience, having been director of nursing of the Saskatchewan Hospital. Weyburn, 1948-50, and of the Saskatchewan Hospital, North Battleford, 1950-53. Leaving Western Canada she accepted the same position at the Provincial Hospital, Lancaster, N.B., 1953-56.

Ann Peverly, assistant professor in public health nursing at McGill University since 1945, resigned this year. She has joined the staff of the Children's Service Centre as a worker in the Adoptions Department. A graduate of the Montreal General Hospital and holding her master's degree from Teachers College, Columbia University, Miss Peverley has had many years of experience in the public health field. Her present position affords considerable scope for exercising her professional knowledge and skills in a very worthy area of community service.

Since 1951 **Eleanor Chapman Purdy** has been devoting her professional skills to her duties as superintendent of nurses at the Nova Scotia Hospital, Dartmouth, N.S. A graduate of the Toronto General Hospital, she subsequently did postgraduate study at the University of Toronto.

In 1939 Miss Purdy joined the R.C.A.M.C. and in the following nine years she saw service in England, Africa, Italy, Belgium and various parts of Canada. After her discharge, her nursing career took her to Halifax as a floor supervisor at the Victoria General Hospital and later as science instructor at the Children's Hospital. She is presently the chairman of the nomi-

nating committee of her provincial association and vice president of the local branch of the R.N.A.N.S. In addition Miss Purdy is an advisor to the provincial registrar.

Perhaps her greatest interests in her off-duty time are her cottage that is presently under construction; her African violets and — a hobby which is surely unique — her lively brood of small black and tan dachshunds.

VERA B. EIDT

Vera B. Eidt, director of nursing for the last 11 years at the Trail-Tadanac Hospital, has resigned from this position and plans to take postgraduate study at the University of Toronto. A graduate of the General Hospital, Guelph, Ont., she spent several years working at the Cleveland Clinical Hospital before accepting a supervisory position in the Royal Island Hospital, Kamloops. Later Miss Eidt became the assistant superintendent of the Kootenay Lake General Hospital, Nelson B.C., moving up to the position of administrator and director of nursing before resigning in 1943 to study business administration in Toronto University.

Following this, she joined the R.C.A.M.C. for a period of two years and served on the hospital ship *Letitia*. Miss Eidt has served actively on various professional committees including the British Columbia Hospital Association and the American College of Hospital Administration. She was instrumental in the organization of districts and chapters of the RNABC in the Nelson area. Her associates and friends throughout the province wish her well in her new venture.

Elizabeth Josephine Worthy has been appointed lecturer in maternal and child health nursing for a two-year period at the McGill School for Graduate Nurses. She is relieving **Elizabeth Logan** who is presently on leave of absence. A graduate of the Royal Liverpool Children's Hospital and Kings College Hospital, London, Miss Worthy obtained her sister tutor diploma from London University in 1946 and her Bachelor of Nursing degree from McGill University in 1954.

Miss Worthy engaged in private nursing for a time before becoming a ward sister at the Royal Manchester Children's Hospital. Later, she joined the staff of the Hospital for Sick Children, Great Ormond Street, where she served as night sister and sister tutor. Eventually she became the principal sister tutor of this hospital. While in England Miss Worthy was the secretary of the Association of British Pediatric Nurses and Chairman of the Sister Tutor Section, Northwest Branch of the Royal College of Nursing. We hope her stay in Canada will be a happy one.

Florence Sophia Buller, a graduate of Saskatoon City Hospital, has joined the staff of the McGill School for Graduate Nurses for a period of one year. She is relieving **Mrs. Helen Gemeroy** who is currently completing requirements for her master's degree at Teachers College, Columbia University. Miss Buller holds her diploma in teaching and supervision in psychiatric nursing from McGill University. Immediately prior to her present appointment she was an instructor in nursing at the Verdun Protestant Hospital, Montreal.

Studies on basic and post-basic nursing education prepared by the F.N.I.F. as a result of an Agreement between the ICN and the World Health Organization, are nearing completion. The texts of both are now with the printer and should be published in English by the end of the year. Preparation of a French edition of both Studies is also in progress and will be available later.

—ICN *News Letter*

* * *

All animals are equal but some animals are more equal than others.

—GEORGE ORWELL

* * *

I enjoy convalescence. It is the part that makes the illness worth while.

—GEORGE BERNARD SHAW

RESEARCH

Inservice Education for General Staff Nurses

MARY C. MCRAE

INTRODUCTION

MANY FACTORS have contributed to the changing role of the nurse and to the increased demand for nursing services within our present-day society. Nursing service administrators continually face the problem of improving the quality and increasing the quantity of these services.

Industry was the first to begin to realize that the contribution and stability of personnel were proportional to the development and satisfaction of the workers in the job. Hospitals are following the pattern of industry in the establishment of staff education programs for the purpose of improving the care of patients and providing for the development of staff. Staff education begins with orientation and gradually develops into an ongoing inservice education program. Much has been written on this subject and the conclusions reached by the majority of writers may be expressed in the following two excerpts.

> Improvement and maintenance of excellent nursing service depends on the extent to which each nurse develops her professional competence.[1]
>
> The only effective education is that which is transmitted into better patient care.[2]

THE NATURE OF THE PROBLEM

It has been noted that the majority of general staff nurses tend to change positions frequently and therefore do not remain a sufficient length of time in one place to make an effective contribution. A well-developed staff education program to meet the needs of the graduate nurse would stimulate her interest in professional growth and thereby improve her contribution and increase her satisfaction in her job.

Experimental programs in staff education need to be developed and evaluated to find better ways of meeting the needs of the graduate nurse. As a first step in a study of this problem, an attempt was made to determine the present practices in staff education in two small general hospitals.

Objectives of the Study

To study inservice education as it is carried out in two hospitals

1. To determine the nursing personnel who are responsible for planning the inservice education program.
2. To determine how such a plan is developed.
3. To determine the content of the program.
4. To determine the groups of nurses who participate in carrying out the program.

METHOD

Two small general hospitals were selected, each of which carried on a staff education program. Both hospitals had a school of nursing and each employed a large number of general staff nurses. Hospital "A" had 120 beds and hospital "B" 240 beds. The following plan of study was carried out in both hospitals.

1. An interview with the director of nursing to obtain general information

Miss McRae, who is a clinical instructor at the Montreal General Hospital, did this study as part of the requirements in the course on Studies and Projects, School for Graduate Nurses, McGill University, 1956.

regarding inservice education in the hospital and to determine the person appointed as director of the program.

2. Guided interviews with the director of inservice education to determine the plan and content of the program; its development; extent of participation by the staff and the schedule of meetings. This included the areas of both orientation and staff education.

3. Guided interviews with supervisors, clinical instructors and head nurses to determine their function in inservice programs and the amount of supervision given the general staff nurses.

4. Guided interviews with general staff nurses to obtain their opinion concerning the content of the program and their attitude towards it.

5. Periods of observation in the units. This included observation at morning circle and of the activities of the general staff nurse. During these periods the amount and type of supervision was noted.

6. Observation of the orientation of new staff nurses.

7. Attendance at staff meetings to determine the plan of the meeting, the program, the attendance, and the participation by members of the group.

Analysis of findings

The Orientation Program:

1. A plan for orientation of new staff nurses was set down by the assistant director of Nursing Service as a part of the inservice education program. The plan was carried out in a different manner in each hospital.

2. New staff nurses were acquainted with the hospital aims and policies and lines of communication were clarified. The language problem caused some difficulty in this area.

3. An orientation tour of the hospital was conducted on the first day of employment.

4. Each new staff nurse worked with another graduate nurse until she was oriented to the unit, or she worked as a member of a nursing team.

5. The duties of the general staff nurse were not specified and written personnel policies were not given to all new staff nurses.

The plan for orientation of new staff nurses in the two hospitals studied conformed in most areas to the recommendations set down in the manual, prepared by the Committee on Institutional Nursing of the Canadian Nurses' Association.

Orientation to the unit followed the recommended plan in relation to a tour of the physical plan of the ward and introduction to staff. Procedure and policy manuals were available on all units and their use and purpose explained. Provision was made in most units for assistance in planning work and in some areas for supervision of patient care. Demonstration of procedures and techniques was done for new staff on one unit in one hospital. A rotation was planned for observation of and participation in nursing care in special departments. This varied to meet the plan for providing patient care in each hospital.

The opportunities for social and recreational activities were discussed with new staff. The suitability and availability of residence accommodation in the district was also indicated. Information regarding the staff education program given in both hospitals. The majority of staff nurses interviewed felt that the orientation to the hospital and the unit had been of benefit to them although aims and policies had not been discussed with all of them.

Continuing Education in the Unit: There was no planned experience for the general staff nurse in either hospital other than the rotation arranged for orientation of new staff. Supervision and teaching of the newly employed graduate nurses were carried out by the team leader in units where nursing was practised. In one area the clinical instructor assisted the general staff nurse when she needed advice. Usually the general staff nurse looked to the head nurse for assistance.

During morning report the conditions of the patients were described but there was little discussion of them, of the nursing problems involved or other pertinent material that would be helpful to all nurses. It was observed that the general staff nurses did not take part in the nursing conferences for student nurses. The reason given was that the service demands were too heavy. General staff nurses participated in student nurse education only

in the nursing team. They assisted with the teaching and supervision of nursing assistants and nursing aides.

General staff nurses did not usually accompany the doctors when they visited their patients. If the staff nurse was present when the doctor visited, he still looked to the head nurse for information. The staff nurse was not included in the discussion.

Reference material such as procedure and policy manuals, textbooks and pamphlets were available on all wards for the benefit of the nursing staff.

Staff Education Meetings: The organization for planned staff education in both hospitals was done by a representative committee under the leadership of the assistant director of nursing service. The objective of the program in each hospital was to promote better patient care. Meetings were held at a time most suitable for the majority of the graduate staff. The committee for staff education in one hospital had doubled the number of meetings aimed for in the objective.

Several methods were used in each hospital to determine the interests of the graduate nurses and to incorporate their suggestions into the content of the staff education meetings. Attendance at staff education meetings was reported to be very good. Participation seemed to be more active in hospital "B." At one meeting in was observed that members of all groups of graduate staff took part in the discussion. This may have been due to the type of program presented which was of real interest to the nurses, or because the nurses in this hospital were accustomed to expression and exchange of ideas in team conference.

Examples of topics presented in hospital "A" were:

1. A film on fire prevention with a commentary by a specialist. Other hospital personnel attended this meeting.
2. A doctor's lecture on intravenous therapy and drugs administered by this route.
3. A demonstration — The C.S.R. can Help You — in which the nurse in charge of the Central Supply Room explained the use and care of equipment available and suggested how this service could be used to better advantage.

Examples of topics presented in hospital "B" were:

1. Case studies of diseases with which nurses were unfamiliar.
2. A problem clinic. Nursing problems found on the units were listed and classified before the meeting. The group discussed them in an effort to help reach a solution.
3. A panel discussion on the functions of the supervisor, head nurse and clinical instructor.

All nurses who had attended staff education meetings in their respective hospitals had derived some benefit from the planned staff education program. Few displayed any great enthusiasm when questioned about it.

Conclusion

It would seem that a plan for inservice education should include orientation of new personnel and general staff meetings. There is need for emphasis on the inservice program within the unit. The total program is ultimately dependent upon the interpersonal relationships within the institution. The degree to which the general staff nurse is encouraged to participate in all activities of the unit and hospital including the guidance and supervision of student nurses and nursing assistants will determine the extent of her interest.

References

1. Wilson, Dorothy: "Staff Education — Principles and Purpose," *Public Health Nursing* March 1949, Vol. 41, No. 3, p. 126.
2. Barrett, M.V.: "An In-Service Education Program for Nurses," *Amer. J. Nurs.*, June 1951, p. 388.
3. *A Manual on Orientation for Nursing Personnel.* Committee of Institutional Nursing of the Canadian Nurses Association — June 1945.

Résumé

De nombreux facteurs dans la société moderne ont contribué à changer le champ d'action de l'infirmière. La demande croissante des services de l'infirmière met les directrices en face d'un problème, celui d'augmenter à la fois la qualité et la quantité des soins à donner.

La stabilité du personnel semble nécessai-

re à cette réalisation, elle ne devient possible que si les infirmières sont satisfaites au travail. Se basant sur les expériences faites en industrie, l'établissement d'un programme d'enseignement au travail qui a pour but de stimuler l'intérêt de l'infirmière, lui faire acquérir de nouvelles connaissances, en un mot lui donner plus de satisfaction à son travail, semble indispensable.

Le programme d'éducation du personnel fut étudié dans deux petits hôpitaux: A-220 lits; B-240; afin de connaître:

But:

1) Si les infirmières avaient la responsabilité du programme d'enseignement
2) Le développement de ce programme
3) Le contenu du programme
4) Quels groupes d'infirmières participaient à la réalisation du programme.

Méthode employée:

1) Entrevue avec les directrices du service du nursing, de l'éducation; des surveillantes, institutrices cliniques, hospitalières et infirmières en service général.
2) Observation à l'arrivée d'une nouvelle infirmière.
3) Assistance aux réunions diverses.

Analyse des résultats. Un programme d'orientation comprenant entre autres choses: une visite de l'hôpital; l'infirmière travaille le premier jour avec une autre infirmière; les recommandations du manuel d'orientation de l'A.I.C. mises en pratique; bon plan de rotation. On a remarqué que les tâches de l'infirmière en service général n'étaient pas énumérées et écrites; que la politique de l'hôpital, concernant le personnel, n'était pas remise aux infirmières. Enfin dans un hôpital, des démonstrations étaient faites dans un département de l'hôpital.

Conclusion. Un bon programme d'éducation du personnel était organisé dans ces deux hôpitaux, comprenant un programme d'orientation et un programme d'éducation pour toute l'année, bonne participation des infirmières.

CARE Book Program

ICN Headquarters has recently received a communication form the CARE Nurses Book Program, which states that CARE has, in the past, sent over $6,000 in nursing text books to 61 schools of nursing in different part of the world.

Now CARE is anxious to give the program a fresh impetus and has asked for the assistance of the ICN in doing so. The addresses of member associations and national associate representatives have been sent to the director of the program. She is anxious to know of nursing schools which would appreciate receiving gifts of nursing texts. These texts are published in the English language.

The countries in which CARE operates and can guarantee delivery, are the following:—

Bolivia	Greece	Libya
Ceylon	Honduras	Malta
Colombia	Hong Kong	Mexico
Costa Rica	India	Pakistan
Egypt	Israel	Panama
El Salvador	Italy	Viet Nam
Germany	Korea	Yugoslavia

If a direct approach is made by nursing schools to CARE for nursing texts, it should be mentioned that they have obtained information about the program through the ICN. The address to which to write is as follows:

Miss Patricia Ashley Freeman,
Director, CARE Book Programs,
660 First Avenue,
New York 16, N.Y., U.S.A.

—ICN *News Letter*

Two Italians have just struck a heavy blow at the language barrier which has plagued men since history began. Replacing words with figures they have invented a system which, they claim, will permit people all over the world to communicate with one another without learning any tongue but their own.

In the inventor's code, each word is replaced by a figure. Written, or just indicated by a show of fingers, the figure is supposed to produce the same effect as the word. The inventors claim that the average person can learn their new system in an hour's time. At present the code is said to have a vocabulary of exactly 999 words with a few additional arithmetical symbols used to indicate gender and tense.

—*World Veteran*, April, 1957

* * *

To be what we are, and to become what we are capable of becoming, is the only end of life. —R. L. Stevenson

Canadian Conference on Nursing

AS YOU READ THIS COLUMN the first Canadian Conference on Nursing will be a thing of the past. The results of its deliberations and its effect upon nursing can only be judged over a period of several years.

Chairman for this "first" in Canadian nursing was a well known Canadian, Mr. Joseph Jeffery, president of the London Life Insurance Company and a partner in the London law Office of Jeffery and Jeffery. He is director and a member of the Canadian Council of Christians and Jews and is the recipient of the Council's Human Relations award for outstanding contribution to that organization. He is a vice president of the John Howard Society and a Director of Civil Defence. A member of the Canadian Welfare Council, he is also a Governor of the University of Western Ontario and Chairman of the Medical Committee of that University.

Over 100 participants from related health and welfare agencies, government, business and women's organizations have met and discussed nursing and hospital insurance. Keen and interested men and women have given of their time to the discussion of problems facing our profession. Nursing shall profit from the generosity of these our fellow Canadians. The report of this Conference will be made available to our national committees to assist in future planning for nursing in Canada.

The editor of *The Canadian Nurse* attended the Conference as a reporter for the *Journal*. Your January issue will carry a write-up of this important chapter in our nursing history.

New Brunswick Nursing Service Institute

Implementation of the recommendations of the "Report of a Study of Nursing Education in New Brunswick" by E. Kathleen Russell is in full swing. One of the first steps was a Nursing Service Institute held in Saint John during the month of October.

The Canadian Nurses' Association Nursing Service secretary was on loan to the New Brunswick Association of Registered Nurses for a period of two months to assist in the planning and conduct of the Institute. Some 40 nurses assembled for a period of four weeks.

Ratio of Nurses to Population

Canada is fortunate indeed in the number of nurses to its population. Based on the 1956 population figures and on the number of registered nurses December 31, 1956, this ratio is as follows:

	Nurse	*Population*
Ontario	1	190
British Columbia	1	203
P.E.I.	1	247
Saskatchewan	1	281
Nova Scotia	1	319
Manitoba	1	324
Alberta	1	339
New Brunswick	1	341
Quebec	1	449
Newfoundland	1	653
National Total	1	270

Compare this with other countries where the ratio is 1 nurse to several thousands.

Glimpses of the Pilot Project

The Director, Miss Helen Mussallem, is now beginning her third month of experience with the National League for Nursing.

The 25 schools chosen to participate in the project are by now completing the Preliminary Information Schedule

which is to be returned to National Office November 30. This schedule will outline detailed information which will assist the Director and the Regional Visitors as they plan visits to the schools.

The contribution of $2,000 made by the Association of Nurses of the Province of Quebec is gratefully acknowledged in the name of the Canadian Nurses' Association. The total amount of the Pilot Project Fund now is $25,968.

In addition, through study and travel grants from The Rockefeller Foundation and the National Fellowship Committee of the Canadian Association for Adult Education $3,500 has been made available to the Director.

Theme of the 50th Anniversary Meetings

"Into the Future Open a Better Way"

Program:

As the issue goes to press, the Program Committee will be meeting in Ottawa. Discussions of this meeting will be announced in our "Program Plans Memo" which is available in quantity for district, chapter and alumnae meetings. Write to National Office for this and other Convention material.

Transportation:

The Nurses' Special Train — Vancouver to Ottawa — should be off to a good start. Transportation chairmen have been appointed in two provinces — British Columbia, Miss Alice Wright, Executive Secretary and Registrar; Manitoba, Miss Ina I. Broadfoot of Winnipeg. Alberta and Saskatchewan appointments are expected soon. It's up to you, Western nurses, to make this the best Special Train ever. Knowing the enthusiasm of Westerners we'd say its success is guaranteed.

I.C.N. Publications

The following publications are available on request from I.C.N. Headquarters, 1 Dean Trench Street, Westminster, London S.W.1., England:

(1) *National Reports, 1957.*
Price: $1.50 each. Contains statistical data and information relating to nursing education and professional activities, supplied by I.C.N. National Member Associations and brought up to date in 1956.

(2) *International Conference on the Planning of Nursing Studies.*
Price: $1.50. Report of a Conference organized by the F.N.I.F. and held at the Centre International d'Etudes Pédagogiques, Sèvres, France, in November, 1956. The report contains lectures, panel discussions, demonstrations, exercises and group reports relating to the Conference; and a final summary of the work of the Conference by the Conference Leader, Miss Margaret G. Arnstein.

(3) *Economic Conditions of Nurses.*
Price: $1.50. Report prepared by the I.C.N. Economic Consultant, Miss F. N. Udell, from information supplied by Economic Correspondents in I.C.N. Member Countries and presented to the I.C.N. Grand Council in May, 1957.

Department of Immigration Plans Film on Nursing

There has been much talk in CNA circles for many years about the need for a film on nursing. During the last biennium, extensive work was done in an attempt to obtain financial assistance. Finally, the Executive Committee decided money was required for other more pressing needs such as the Pilot Project for Evaluation of Schools of Nursing.

As if in answer to a prayer, just recently the Department of Citizenship and Immigration asked the CNA for assistance in connection with a film on nursing which that Department is planning. This film is intended to help in the recruitment of nurses from other countries. It will depict how these nurses have been accepted into the various nursing services in Canada. It will also show something of the standards of living and the recreational and cultural opportunities open to nurses. This film will be made available to us and should be useful for recruitment purposes in our country.

Already we have written to Directors of Nursing in all fields of nursing in the Montreal, Ottawa, Toronto triangle where filming will take place. All

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100% 'Terylene' uniforms in a variety of styles by MIDLAND WHITE WEAR — are now available in stores across the country.

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have been most helpful and are willing to assist the Immigration Department in this venture.

A film on the engineering profession has already been produced by this Department and has proven most successful. The CNA is grateful for the opportunity to assist in this project — we shall keep you posted as plans progress.

Le Nursing à travers le pays

La Conférence Canadienne sur le Nursing

Lorsque vous lirez ces lignes, la première conférence canadienne sur le nursing sera une chose du passé. Le résultat de ces délibérations et leurs effets sur la profession d'infirmière ne pourront être jugés avant plusieurs années.

Le président de cette "première" dans l'histoire du nursing au pays est un Canadien bien connu, M. Joseph Jeffery, président de la Compagnie d'Assurance London Life et associé de l'étude légale Jeffery & Jeffery de London. Il est directeur et membre du Comité Exécutif du Conseil canadien des Chrétiens et des Juifs et a été décoré par le Conseil des Relations humaines pour son extraordinaire contribution à l'oeuvre de cette organisation. Il est aussi président de la John Howard Society et directeur de la Défense Civile. Membre du Conseil Canadien du Bien-Etre, il est un des gouverneurs de l'Université Western Ontario et président du Comité médical de cette université.

Plus de 100 participants, représentant des organisations de santé et de bien-être, les gouvernements, des associations de femmes d'affaires, etc. se sont rencontrés et ont discuté sur le nursing et les assurances-santé. Des hommes et des femmes enthousiastes et intéressés ont généreusement donné de leur temps à la discussion de problèmes concernant notre profession. Le service du nursing bénéficiera de la générosité de ce groupe de nos concitoyens. Le rapport de cette conférence sera mis à la disposition de nos comités nationaux afin de leur aider à l'élaboration de projets d'avenir sur le nursing.

La rédactrice de *l'Infirmière canadienne* assistant à la conférence à titre de reporter et un résumé de cet important chapitre de l'histoire du nursing sera publié dans le numéro de janvier de la revue.

Nouveau-Brunswick

L'exécution des recommandations contenues dans le "Rapport d'une Etude sur l'Education en Nursing au Nouveau-Brunswick" par Mlle E. K. Russell est en bonne voie. L'une des premières réalisations fut l'organisation de journées d'étude sur le service du nursing, tenues à Saint-Jean durant le mois d'octobre.

La secrétaire du Comité du Service d'Infirmières de l'Association des Infirmières canadiennes fut prêtée à l'Association des Infirmières du Nouveau-Brunswick pour une période de deux mois afin d'aider à l'organisation de ces journées d'étude ainsi qu'à leur réalisation. Une quarantaine d'infirmières travaillèrent ensemble pendant quatre semaines.

Proportion du Nombre d'Infirmières par Rapport à la Population

Le Canada est privilégié de compter autant d'infirmières par rapport à sa population. Nous basant sur la population canadienne et le nombre d'infirmières au 31 décembre 1956, nous pouvons établir les proportions suivantes:

	Infirmière	Population
Ontario	1	190
Colombie-Britannique	1	203
Ile du P.-Edouard	1	247
Saskatchewan	1	281
Nouvelle-Ecosse	1	319
Manitoba	1	324
Alberta	1	339
Nouveau-Brunswick	1	341
Québec	1	449
Terreneuve	1	653
Total pour le pays	1	270

Comparons ces chiffres avec ceux d'autres pays où la proportion d'infirmières est de 1 par plusieurs milliers de population.

Un Regard sur le Projet d'Accréditation

La directrice de ce projet, Mlle H. Mussalem, en est à son troisième mois de stage à la National League for Nursing.

When baby's ready for meat

you can recommend Heinz with confidence

its preparation

is our most important trust

When your young patients are ready for meat you can recommend Heinz with complete confidence. And baby's mother will thank you in the years to come. *In the first place, she'll find Heinz Baby Meats on display no matter where she shops, because Heinz has distribution in nearly every food store in Canada.* She'll find it easy to vary baby's menu, thanks to Heinz variety of high-quality protein Strained and Junior Baby Meats. Finally, she'll appreciate Heinz quality . . . the finest quality obtainable in baby food.

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OVER 110 KINDS OF STRAINED AND JUNIOR MEATS • BABY CEREALS • STRAINED AND JUNIOR FOODS • TEETHING BICUITS

Les 25 écoles choisies pour participer à ce projet sont actuellement à compléter le questionnaire qui contiendra les renseignements préliminaires. Il doit être remis au Secrétariat National le 30 novembre. Ces renseignements serviront à la directrice et aux visiteuses régionales dans la préparation de leurs visites aux écoles.

La contribution de $2,000 de L'Association des Infirmières de la Province de Québec en faveur du Projet d'accréditation fut reçu avec beaucoup de gratitude par l'Association des Infirmières canadiennes. Actuellement, le fonds du Projet d'Accréditation est de $25,968.

La directrice a aussi bénéficié d'une bourse de $3,500 provenant des octrois pour études et voyages, versés par la Fondation Rockefeller et le Comité National de la Société d'Education pour adultes.

"Ouvrons un meilleur chemin vers l'avenir" — Thème du 50ième Anniversaire

Lorsque ces pages seront imprimées, le Comité du Programme sera réuni à Ottawa. Les résultats de cette assemblée seront publiés dans notre "Mémoire sur l'Organisation du Programme" que l'on pourra se procurer en quantités suffisantes pour le distribuer aux associations de districts, chapitres, amicales, etc, en s'adressant au Secrétariat national.

Congrès Biennal — Voyages et transport

Le train spécial pour les infirmières, de Vancouver à Ottawa est en bonne voie d'organisation. Les convocatrices du Comité du transport ont été nommées dans deux provinces: Mlle Alice Wright, dans la Colombie-Britannique et Mlle Ina I. Broadfoot au Manitoba. Nous attendons prochainement les nominations de l'Alberta et de la Saskatchewan. C'est à vous, infirmières de l'Ouest, d'obtenir le meilleur train spécial possible. Connaissant votre enthousiasme, nous pouvons dire que le succès est garanti.

Publications du Conseil International des Infirmières

Les publications suivantes sont à la disposition des personnes qui en feront la demande au Conseil International des Infirmières, 1 Dean Trench Street, Westminster, London, S.W.I., England:—

(1) National Reports 1957
Prix: $1.50 l'exemplaire. Contient des statistiques et des renseignements sur l'éducation et l'activité professionnelle des infirmières, tels que fournis par les associations nationales membres. Revisé en 1956.

(2) International Conference on the Planning of Nursing Studies
Prix: $1.50. Rapport d'une Conférence organisée par le F.N.I.F. et tenue au Centre International d'Etudes Pédagogiques, Sèvres, France, en novembre 1956. Le rapport donne un compte-rendu des conférences, colloques, démonstrations, rapports de groupes et un résumé des travaux présentés à la Conférence, préparé par la directrice de la Conférence, Mlle Margaret G. Arnstein.

(3) Economic Conditions of Nurses
Prix: $1.50. Rapport préparé par la consultante économique du Conseil International des Infirmières, Mlle F. N. Udell, d'après les informations reçues de correspondantes économiques des Associations nationales membres du C.I.F. en mai 1957.

Le Ministère de l'Immigration Projette un Film sur le Nursing

Il y a longtemps que l'on parle dans les cercles de l'A.I.C. de la nécessité d'un film sur la profession d'infirmière. Au cours des deux dernières années beaucoup de démarches ont été faites en vue d'obtenir une aide financière. En définitive, le Comité Exécutif conclut que l'argent devait être consacré à des besoins plus pressants, tel le Projet d'Accréditation et l'Evaluation des écoles d'infirmières. Nos prières furent enfin exaucées; récemment le Ministère de la Citoyenneté et de l'Immigration demanda notre concours en vue de la réalisation d'un film sur le nursing. Ce film a pour but d'aider au recrutement d'infirmières de pays étrangers. Il démontrera comment ces infirmières ont été acceptées dans les divers service du nursing au Canada. Il renseignera également sur le niveau de vie au Canada et sur les moyens de récréation et de culture offerts aux infirmières. Ce film sera mis à notre disposition et pourra servir au recrutement dans notre pays.

Déjà, nous avons écrit aux directrices des divers services du nursing à Montréal, Ottawa et Toronto, triangle où le film sera monté. Toutes se sont montrées empressées à prêter leur concours et à aider le Ministère de l'Immigration dans cette entreprise.

L'A.I.C. est heureuse de contribuer à la réalisation de ce projet.

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Intestinal Obstruction

LILY WATANABE

ONE SUNDAY AFTERNOON, Mrs. Hainstock was admitted to hospital with the symptoms of a bowel obstruction. She complained of severe constant "crampy" pains across her lower abdomen. The abdomen appeared distended but was soft to the touch with evidence of tenderness. Mrs. Hainstock felt very nauseated but there was no vomiting on admission. Her vital signs were: B.P. 158/90; temperature 94.2°F; pulse 42 — slightly weak but regular; respirations, 16. Her skin felt cold and dry and she complained that she felt chilly. She was very pallid in appearance.

PAST HISTORY

Mrs. Hainstock apparently was quite well until about two years ago. At that time she began to be troubled with nausea, vomiting and crampy abdominal pain around the umbilicus. She was also continually constipated. For two to three months before admission she was not able to tolerate fried foods. She usually vomited her meals approximately half hour later. Her childhood history was uneventful except for a bout of measles.

PREOPERATIVE CARE

Soon after admission, X-rays of her abdomen were taken in lying and standing positions. The results read:

> AP projections of the abdomen, including one in the erect position, show only small collection of air and no appreciable obstructive lesions — no calculus. The appearance is suggestive of a mass, possibly an ovarian cyst.

A blood test showed a very high count of white blood cells — 20,000 per cu. mm. — indicative of an inflammatory or infective process. Urinalysis disclosed a Ph of 6 — the normal reading being minus 7; .03% albumin and .5% sugar — both normally negative; and a high bacterial count that is also normally negative.

Upon returning from the X-ray department, Mrs. Hainstock was given 75 mgm. of Demerol to alleviate pain. An intravenous infusion of 1000 cc. 10% Travert in normal saline was established. An oil retention enema of olive oil was given, followed in two hours by a saline enema. The enema was effectual with a large amount of hard brown stool in the return flow.

By evening of her first day in hospital Mrs. Hainstock was very nauseated and began having clear emesis in small amounts at quite frequent intervals. Nuperol lozenges were given to her to help control the nausea. Only clear fluids were given *per ora*. On Monday she was very distended and complained of severe nausea. A gravol suppository, 50 mgm., was inserted in an effort to relieve the nausea. It was to be repeated q.4h., p.r.n.

Demerol 75 mgm. was given q.4h., p.r.n. for pain. A blood test again showed a very high white cell count — 21,600 — as compared to the normal of 5,000-9,000 per cu. mm.

An intravenous of 1000 cc. of 10% Travert in normal saline was again given with one ampoule of Folbesyn. In the afternoon, an oil retention enema of olive oil was given high up in the intestine followed by a saline enema in three hours. The enema was effectual. The report of the x-ray of the stomach, duodenum, and colon following a barium drink read:

> No organic lesion of the esophagus, stomach or duodenum was demonstrated. Initially some distended loops of the small bowel with fluid levels were suggested in the film. Follow-up examinations showed delayed emptying of the stomach and distention of the jejunum, and films made over a period of four, six, and ten hours after ingestion of the barium, still showed a residue remaining in the stomach and most of the barium collected in the jejunum with an apparent obstructive lesion in the distal portion of the jejunum. *Opinion:* Obstructive lesion of the small bowel situated distally in the jejunum.

Miss Watanabe is a graduate of the Misericordia General Hospital, Winnipeg.

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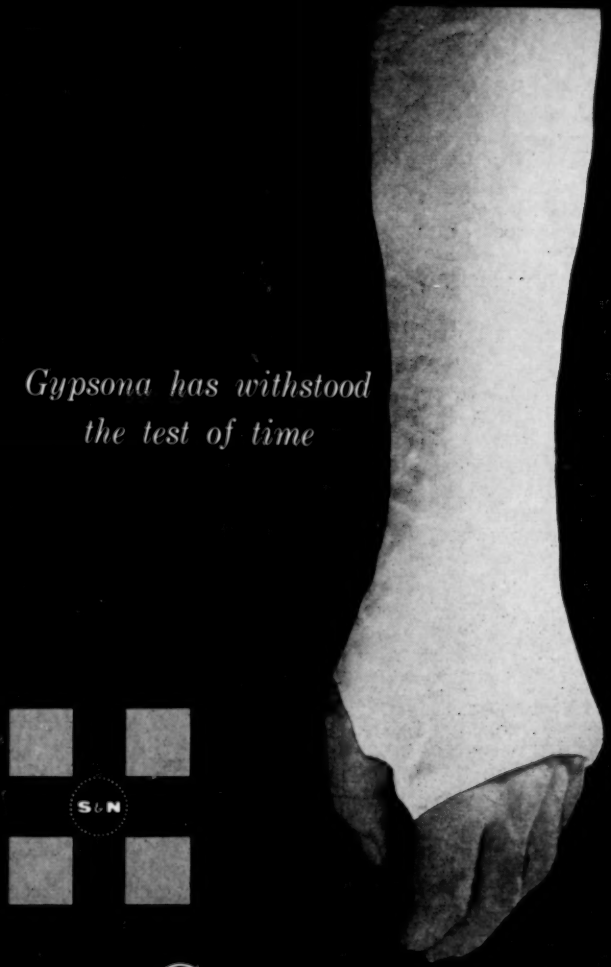

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A second intravenous of 1000 cc. of 10% Travert in normal saline with one ampoule of Folbesyn was administered.

On Tuesday, the doctors declared Mrs. Hainstock's condition a surgical emergency. At 8:00 P.M. she was taken to the operating room with a Miller Abbott tube in place and an intravenous of 1000 cc. 10% Travert in normal saline running. Before going, she was grouped and matched for blood. She was also catheterized preoperatively. Demerol 50 mgm. with atropine gr. 1/150 were given as a preanesthetic sedation.

The operation was begun at 8:20 P.M. The preoperative diagnosis of a bowel obstruction was confirmed. The operating room report read:

> Lower rectus, right incision was made. Bloody, free fluid was encountered on opening the peritoneal cavity. About five feet of the lower jejunum, and upper ileum were found to be gangrenous. The cause of the obstruction was a two-inch band of the greater omentum which was compressing the bowel. In addition there could well have been an associated volvulus which however was not demonstrated. The preoperative suggestion of a pelvic mass was not confirmed. The gangrenous bowel was excised and end to end anastamosis of the small bowel was performed, using one outer layer of silk and a continuous layer of chromic catgut. The Miller Abbott tube was threaded into the stomach and pointed towards the pylorus. One million units of penicillin and one gram of streptomycin were inserted into the peritoneal cavity. The wound was closed in layers — three wire stay sutures on buttons were used with dermalon sutures to the skin.

Sections of the bowel were sent to the pathological laboratory. The histological report read:

> Sections of several different portions of bowel show evidence of marked edema and fairly widespread hemorrhage, and a varying degree of leukocytic infiltration. These changes extend to one end of the specimen; the opposite end shows only venous congestion. The mesentery shows, likewise, patchy hemorrhage and an acute inflammatory reaction. *Pathological diagnosis:* Early hemorrhagic infarction of small intestine, secondary to torsion around fibrous band.

Postoperative Care

At 11:00 P.M. Mrs. Hainstock returned to the ward unconscious. An intravenous of 1000 cc. of 5% glucose in distilled water with aureomycin 500 mgm. was running. She had already received two bottles of blood. She was to receive nothing *per ora*. Demerol 100 mgm. was ordered intramuscularly for pain. Carbon dioxide inhalations were ordered hourly for four times, then reduced to four times a day. This was given to encourage coughing and deep breathing to keep her lungs well ventilated. Mrs. Hainstock spent a fairly good postoperative night. On Wednesday morning, she was unable to void. She was catheterized and 75 cc. of urine were obtained. The doctor ordered a Foley catheter to be inserted and drained every eight hours. The patient was placed on her right side and the Miller Abbott tube was advanced one inch hourly.

At 11.00 A.M. a phlebotomy was done on her left foot but it did not work well. It leaked continually. Intravenous therapy included:

1. 2000 cc. 10% Travert in normal saline with 1000 mgm. of aureomycin
2. 1000 cc. 10% Travert — electrolyte 1 with one ampoule of Folbesyn and 500 mgm. of aureomycin

She was given slow release procaine penicillin and dihydrostreptomycin (S.R.D.) ii cc. twice daily to combat infection. Sodium luminal gr. 1½ was given intramuscularly to induce sleep. Intravenous therapy was continued on the following day with a total of 4000 cc. of 10% Travert being given, combined with aureomycin, Folbesyn and electrolyte 1.

The left foot phlebotomy continued to leak, therefore, another one was done on her right foot which worked satisfactorily until it was discontinued.

An X-ray was taken on the second postoperative day to determine the location of the Miller Abbott tube. It was found to be coiled up in the stomach so was no longer advanced hourly but taped in place against the nostril. A rectal tube was inserted to aid in the expulsion of flatus but there was no relief obtained. The next day Mrs. Hainstock was allowed to have surgical fluids *per ora*, with the suction clamped for 30 to 60 minutes as

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tolerated. By the afternoon, the Miller Abbott tube was removed but intravenous therapy was continued as on previous days. She was given a small saline enema which was returned with soft brown stool.

The following day she had frequent bowel movements of soft, formed brown stool, and she continued to have them quite frequently for several more days. She began to develop herpes on the corners of her mouth which discharged purulent material. Spirit of camphor was dabbed on these eruptions four times daily. Within ten days the area was nicely healed.

The doctor ordered Becotin with vitamin C one capsule twice daily for five days. She was now allowed to have soft solids which she tolerated very well. Her Foley catheter was removed. Because she complained of a throat irritation and a slight chest congestion, steam inhalations were given. Chest plates were taken to determine if there was any infective process. The results read:

> There is a haziness in the right lung field in both the base and the apex. Further haziness is seen in the left lung field just above the diaphragm. These changes would suggest an infective process.

On the same day, Mrs. Hainstock began to complain of pain in the calves of her legs. This was diagnosed as phlebitis. Tensor bandages were applied to both legs from the knees to the toes, and she was encouraged to get up and walk frequently.

Eight days after her operation, all sutures were removed from the abdominal incision. Phlebotomy sutures were removed on the 10th day. S.R.D. penicillin was discontinued on the 10th day and the sodium luminal order was changed to seconal sodium gr. 1½ to be given as an evening sedative. A few days later Mrs. Hainstock was discharged in a much improved condition.

Nursing Care

Nursing care of a patient begins from the moment she enters the hospital. When the nurse first meets her, she would be friendly, courteous, and kind. She should try to alleviate any apprehension the patient may have. Because Mrs. Hainstock was in pain when she was admitted, it was the nurses' duty to administer analgesics that were ordered by the doctor, and to try to keep her as comfortable as possible.

During the following days prior to operation, the nurse noted the amount of distention, and amount of emesis. Her vital signs were checked at regular intervals. Immediately prior to the operation, she received spiritual inspiration from her pastor. A well mind is as essential as a well prepared body to successful surgery. The operating room nurse prepared her abdomen by washing it thoroughly with soap and water. She shaved the area from the nipple line to the pubic region.

After receiving her preanesthetic sedation, her dentures, pins and jewellry were removed. Her blood pressure was noted. She was catheterized. The nurse must observe sterile technique in carrying out this procedure in order to prevent the entrance of microorganisms into the bladder.

Immediate postoperative care included:

1. Removing the patient gently from the stretcher, placing her in bed and keeping her warm
2. Constant attention until fully recovered from the anesthetic
3. Turning patient's head to the side to prevent aspiration of vomitus or mucus
4. Recording blood pressure
5. Recording quality and rate of pulse frequently
6. Recording respiration rate and maintaining a clear airway
7. Inspecting the abdominal dressing for any signs of hemorrhage
8. Checking the intravenous
9. Observing for signs and symptoms of shock or hemorrhage and reporting to proper authorities if any complications become apparent
10. Keeping the patient combortable

Later postoperative care comprised:

Explaining all procedures to the patient and reassuring her as necessary

Checking vital signs at regular intervals

Changing positions frequently

Careful irrigation of the suction with normal saline

Accurate recording of intake and output — especially after the Foley catheter was removed

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DRAPOLEX being non greasy facilitates the diaper toilet, and is extremely soothing on application.

Vulliamy, D. and MacKeith, R., Practitioner, **173**, *1035.*

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Frequent mouth care

Encouraging deep breathing exercises to prevent respiratory complications

Special care to prevent bedsores

Allowing the patient to "dangle" her legs as ordered by her doctor

Encouraging early ambulation as allowed

Observing sterile technique in removing sutures or in changing dressings.

Before Mrs. Hainstock left the hospital her nurse stressed the importance of a proper diet in moderate amounts that included a generous quantity of fluid. She was encouraged to come back for a medical check at a later date. The necessity for reporting the appearance of unusual symptoms was made clear. Finally Mrs. Hainstock was advised to obtain plenty of rest and to avoid strenuous exercise.

For Future Nurses

THE FILM VERSION OF Sheila MacKay Russell's book, The Lamp is Heavy, was shown recently in the Avenue Theatre, Montreal. The Recruitment Committee of the A.N.P.Q. was given the opportunity of using part of the space in the lobby for active campaigning for nurses. The project when it was presented to the schools of nursing met with considerable enthusiasm.

The Committee, under the direction of Mrs. F. Cohen, Jewish General Hospital, decided to exhibit dolls dressed in the student uniforms of various schools in the province. The pretty dolls, blondes and redheads, were chosen and several schools of nursing in the Montreal area, Sherbrooke Hospital and l'Hôpital de l'Enfant-Jésus de Québec were given a doll to dress. Student nurses' recreation rooms and hospital sewing rooms became active. The T. Eaton Company very kindly loaned stands for the dolls and a stand for the CNA poster "Nursing is the Career for You." The Red Cross contributed tables and J. B. Lippincott Company loaned several copies of "The Lamp is Heavy."

The display at the Avenue Theatre, Montreal.

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The "little girl" in all of us was entranced by the beautifully groomed little models who wore white nylons, white shoes and uniforms starched to perfection. Literature from the individual hospital was exhibited with its student model. Four larger dolls dressed in graduate uniform played a prominent part in the display. They depicted some of the fields of graduate service — the V.O.N., institutional nursing, the Red Cross and la Société des Infirmières Visiteuses. The R.C.A.M.C. contributed posters showing the place of the nurse in the armed services. *The Canadian Nurse* map of the world showing the various areas reached by the *Journal* stood above the whole exhibit perhaps indicating best of all the scope in fields of nursing open to graduates.

The movie had "legs" which, in theatre vernacular means that is was shown several weeks in Montreal before moving to another theatre. It then moved to Sherbrooke together with the exhibit. The display has brought many favorable comments and the enthusiasm with which it was developed was indicative of the pride of each hospital in its student nurses.

PHYLLIS JOHNSON
Queen Elizabeth Hospital
Member, Recruitment Committee, A.N.P.Q.

Sélection

L'Infirmière et l'Etude de la Psychologie

Aujourd'hui, au moins virtuellement, un grand nombre des écoles d'infirmières, sinon toutes, ont fait une place honorable dans leur curriculum à l'étude de la psychologie. Ceci reflète une mentalité adulte en regard de l'enseignement professionnel aux infirmières que le travail met en relations constantes avec des personnes plus ou moins affectées par le "stress," état auquel il faut remédier.

Toutefois, on ne peut le nier, l'enseignement de la psychologie offrait jusqu'à récemment peu d'intérêt au personnel des écoles de formation. L'aspect trop général et trop rationnel que revêtait l'enseignement de cette science permettait aux directrices d'écoles de douter des résultats qu'elles en attendaient, c'est-à-dire une meilleure intelligence des principes et des causes liés au comportement humain.

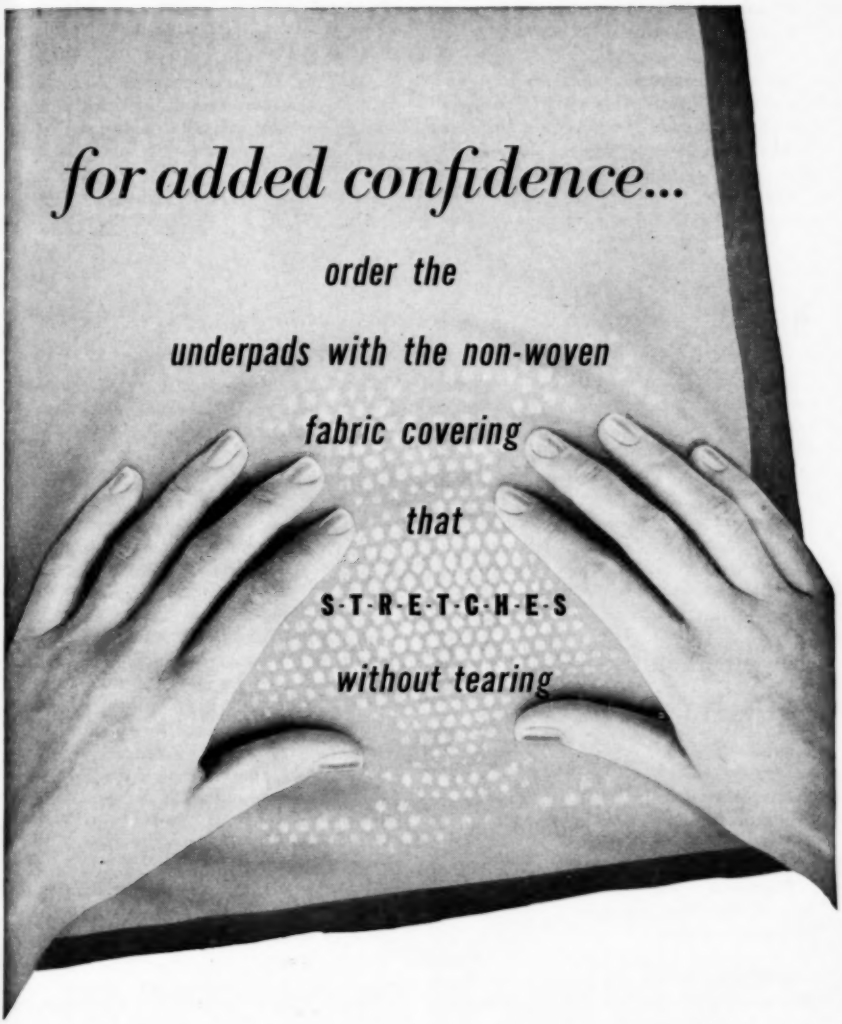
Afin de se renseigner adéquatement sur "l'intérêt de l'infirmière à la psychologie," une enquête a été faite récemment dans quatre-vingt-dix-neuf écoles des Etats-Unis. Ces quelques lignes vous donneront un schéma de ce travail.

1. Sept groupes d'infirmières ont répondu au questionnaire. Ces groupes représentaient cent quatre-vingt-huit personnes comprenant: cinq étudiantes de 3ième année; soixante-deux infirmières en service général institutionnel; vingt-neuf surveillantes-hospitalières; seize directrices d'écoles; treize orienteurs en éducation; dix consultantes et huit institutrices.

2. Les titres-clés sur lesquels portaient les questions étaient de trente mais de quarante-deux avec les sous-titres.

3. Tout les item se rapportaient à trois catégories:
   a) Psychologie générale
   b) Psychologie appliquée
   c) Psychologie appliquée à l'infirmière chargée du soin des malades.

4. Quels sujets les infirmières ont-elles considérés dignes "d'un grand intérêt?" Cinq des sept groupes ont répondu que leurs préférences allaient aux sujets suivants:
   a) L'aspect psychologique de la maladie physique.
   b) L'attitude et la réaction de toute personne en face de la maladie.
   c) La motivation: ce qu'elle est, son mécanisme.
   d) L'émotivité: comment elle s'exprime, comment elle se contrôle.
   e) La réaction en face de conflits émotionnels.
   f) L'art de penser: l'art de résoudre ses problèmes.
   g) Le développement de la personnalité.
   h) Les causes des maladies mentales.
   i) L'art de s'entendre avec le personnel: les supérieurs, les collègues, etc.
   j) Les facteurs qui assurent le succès dans le travail.
   k) L'infirmière vue par le patient.
   l) L'adolescent: comment le comprendre.
   m) Une vie conjugale heureuse.



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n) Les facteurs dont il faut tenir compte en assignant un travail à quelqu'un.
o) Le malade psychiatrique.
p) L'hygiène mentale: la conduite à tenir envers les mésadaptés.

Deux psychologues ont analysé à leur tour les résultats obtenus. Ils ont noté avec plaisir que plus le rang de l'infirmière est élevé dans la hiérarchie de la profession, plus elle s'intéresse à la psychologie.

Ces mêmes analystes de l'enquête font remarquer avec grande logique que les directrices d'infirmières et du nursing doivent faire connaître, d'une manière explicite, le but et les objectifs de leur curriculum aux professeurs à qui elles confieront l'enseignement de la psychologie afin que ceux-ci sachent bien la place que cette science doit occuper et le sens réel de la valeur qu'elle doit revêtir aux yeux des dirigeants et de leurs dirigés.

Extrait de *'Nursing Outlook'* avril 1956.

In Memoriam

Laura Helen (Huck) Brown, a graduate of the Oshawa General Hospital in 1921, died in Toronto on August 4, 1957. She was one of the founders of the nurses' alumnae association of her hospital.

* * *

Margaret J. Coleman, who graduated from St. Joseph's Hospital, Saint John, N.B. died on July 3, 1957 at the City Hospital, Moncton. She was practising her profession in that city at the time of her death.

* * *

Alberta (Roberts) Coutts who graduated from Women's College Hospital, Toronto in 1925, died in Detroit, Michigan in June, 1957.

* * *

Mary Fowlie who graduated from the Public General Hospital, Chatham, Ont. in 1914 died at Milton, Ont. in May, 1957. She served overseas during World War I.

* * *

Kathleen (Withyman) Knott, a graduate of St. Paul's Hospital, Vancouver in 1931 died in Seattle.

* * *

Gertrude Helen (Bourque) Ketchum who graduated from St. Joseph's Hospital, Saint John in 1948 was killed in a car accident on August 25, 1957.

* * *

Simone Leduc, infirmière-diplômée de l'Hôtel-Dieu de Montréal en 1926 est décédée le 19 août 1957. Elle fit du service général à la Metropolitan Life Insurance Co. et à l'Hôpital Maisonneuve.

* * *

Gladys (Luckham) Lennox who graduated from the Public General Hospital, Chatham, Ont. in 1919 died early in 1957.

* * *

Edna Lynch, infirmière-diplômée de l'Hôtel-Dieu de Montréal en 1922, est décédée le 26 août 1957. Après un cours en hygiène publique elle travailla pendant plus de vingt-cinq ans à la Metropolitan Life Insurance Co. à Shawinigan, Fort-William et à Montréal, comme surveillante de district. Mlle Lynch se dévoua durant de nombreuses années comme membre très actif sur de nombreux comités de l'Association des Infirmières de la Province de Québec.

* * *

Beatrice Mulholland McNair, a graduate of the Vancouver General Hospital in 1911, died on September 10, 1957. During World War I she served with the Canadian Army Medical Corps and received the Military Medal for bravery. For many years she was on the staff of Shaughnessy Hospital until she was appointed as the first matron of Hycroft Veterans' Home. She retired from nursing in 1950.

* * *

Blanche Pepin, infirmière-diplômée de l'Hôtel-Dieu de Montréal en 1924 est décédée le 10 août 1957. Elle fit du service général à la Metropolitan Life Insurance Co.

* * *

Mary Louise (Koenig) Rodrigue, a graduate of St. Paul's Hospital, Vancouver in 1921, died on July 9, 1957.

* * *

Elaine (Slattery) Sullivan who graduated from St. Paul's Hospital, Saskatoon in 1923, died last year in Detroit, Michigan.

* * *

Vera (Vickers) Teasdale, a graduate of St. Paul's Hospital, Saskatoon in 1930 died on March 31, 1957 in Vancouver. She had practised her profession in that city since 1943, serving on the staffs of Shaughnessy Hospital and Hycroft Veterans' Home.

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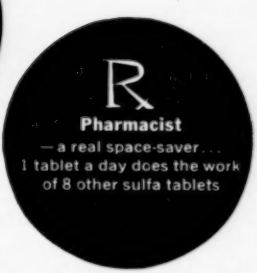

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Book Reviews

Women Doctors of the World by Esther Pohl Lovejoy, M.D., LL.D., D.P.H. (hon.). 388 pages. Brett-Macmillan Ltd., 25 Hollinger Road, Toronto 16. 1957. Price $5.95.

Reviewed by Dr. H. E. MacDermot General Hospital, Montreal.

The place of women in medicine has only come to be generally recognized within the last century, and slowly at that. We are indebted to Dr. Lovejoy for a book which shown us what women doctors have done over a much longer period, certainly in the Middle Ages and probably before that.

The story of Elizabeth Blackwell's success in gaining her degree at Geneva, N.Y. is one which never loses its attraction. But the author tells us (and tells it well) of many such struggles and successes among the women doctors of the world. In Canada we naturally look for and find the group which stands out so prominently — Emily Stowe, the first Canadian woman doctor graduating in the U.S. and her daughter, the first Canadian woman to graduate at a Canadian school; Maude Abbott and Helen MacMurchy, both of whom achieved international fame, and Elizabeth Hurden.

Dr. Lovejoy speaks of her book being a "thank offering" on her part, as she has written it in the latter days of her long and well-filled life. The reader, however, will feel grateful to her for bringing together such a wealth of information regarding women in medicine.

Calderwood's Orthopedic Nursing. Revised by Carroll B. Larson, M.D., F.A.C.S. and Marjorie Gould, R.N., B.S., M.S. 679 pages. The C. V. Mosby Company, St. Louis, Missouri. 4th ed. 1957. Price $5.75.

Reviewed by Mrs. Violet I. Stewart, Clinical Instructor, Toronto East General and Orthopedic Hospital, Toronto.

The appearance of this fourth edition is most welcome and timely to those giving instruction in this field of nursing. Its contents will be found of much value and help to the undergraduate nurse.

A commendable feature of this text is the stress placed upon the application and principles of good body mechanics in all nursing care, and also through the combined efforts of the nurse and the physical therapist. The section on rehabilitation of the patient will be especially helpful in showing the nurse how a handicapped person may be restored to a useful life. The importance of combining psychological and physical nursing care is considered throughout the book to great advantage.

This book is most interesting and informative, and is recommended as a student text book; as a source of information to the st and to assist the teacher in preparing lectures.

Nutrition for Today by Elizabeth Chant Robertson, M.A., Ph.D. 236 pages. McClelland & Stewart Limited, 25 Hollinger Road, Toronto 16. 1956. $3.50.

Reviewed by Miss Helen Stewart, Dietitian, Royal Jubilee Hospital, Victoria.

This revised nutrition text is particularly valuable as a source of helpful and interesting information to many people including, public health nurses, teachers, home economists, high school students, housewives and parents.

The book begins with information on the effects of food on health and growth, proceeds to discuss various food groups, the food factors they contain, why these factors are necessary, and how each food compares with others in the same group.

The foods are grouped as follows: fruit and vegetables, cereal products, milk and milk products, meat, poultry and fish, eggs, fats, sugars and other sweets, fish liver oils, iodized salts, and water.

Among the subjects included are chapters on calories, overweight and underweight, meal planning, meals during pregnancy and lactation, meal planning for children, school lunches, tooth decay, and food facts and fancies.

Throughout the text are many excellent tables, charts, and diagnoses used to illustrate various facts. At the close of each chapter are selected references for those who wish to do additional reading.

In my opinion, the outstanding feature of this text is the clear complete manner in which the material is presented without the use of technical terms.

Encyclopedic Guide to Nursing by Helen F. Hansen, R.N., M.A. 405 Pages. McGraw-Hill Book Company of Canada Limited, Toronto. 1957. Price $4.99.

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Reviewed by Mrs. Elizabeth Barefoot, Educational Director, Royal Alexandra Hospital, Edmonton.

This text gathers together principles and brief summaries of subjects related to the allied medical sciences and explanations of techniques and procedures.

Subject matter is readily found and easily read because entries are alphabetical and are in bold print. The type is larger than in most dictionaries. The paper is opaque and the explanations are in simple terminology. The book seems short for an encyclopedia, but this is accomplished by the liberal use of cross references reducing repetition.

An excellent pronunciation guide is included, and pronunciation is given as deemed necessary. The appendix includes: Commonly used abbreviations, prefixes, suffixes and combining forms, a table of elements, temperatures, weights and measures and a table of equivalents. This book could readily be used in ward libraries and in the student nurses' library.

The areas of weakness are, first, in the description of procedures. The principles are sound and good, but methods differ so from hospital to hospital and only one is stated. Second, treatments of disease conditions are outlined definitely and these again differ with the patient and the physician and change with increased scientific knowledge. These two points may give rise to confusion for the student nurse. Third, the content is not as extensive as most ward library dictionaries.

Swire's Handbook for the Assistant Nurse. Revised by Ruby Thora Farnol, S.R.N. 327 pages. The Macmillan Company of Canada, Ltd., 70 Bond Street, Toronto 1. 3rd ed. 1956. Price $2.50.

Reviewed by Dr. H. S. Atkinson, The Manitoba School, Portage La Prairie, Man.

In reviewing a book based on practice, experience and scholarship from another country, it must be approached with caution and respect. The matter of terminology as to subject matter, courses, curricula and standards requires careful analysis. Keeping these things in mind, the text is well arranged, clearly written and, as it is stated so unequivocally, must be useful as the standard reference text for the assistant nurse training in Britain and so, practically, *is* the curriculum of standard training in Britain. It may be that this impression is wrong but we could tell only if we had their training school curriculum.

One, it seems, is now placed in a position of drawing attention to comparatives. This, for Manitoba and its licensed practical nurse training, is a simple matter. Our curriculum contains much more — and subject matter that we consider essential. I have special reference to teaching nutrition (not mentioned in this text) and the care of the maternity patient. There is only a brief chapter on the care of children. Traditional British nursing practice may make a difference here that would explain the lack of such for assistant nurses.

Again it must be mentioned that in making comparisons the same terminology and terms of reference are essential to be fair and accurate. The text, insofar as our school of practical nursing is concerned, could only be regarded as interesting. It would not form an authoritative reference book because it does not adequately cover our curriculum in intensity nor scope.

Basic Nursing, edited by Helen Z. Gill, R.N., Executive Director, Household Nursing Association, Boston, Mass. 719 pages. The Macmillan Company of Canada, 70 Bond St., Toronto, 4th Ed. 1955. Price $4.50.

Reviewed by Miss Clara Metcalf, Director, School for Nursing Assistants, Sunnybrook Hospital, Toronto.

As a reference book or textbook for licensed practical nurses or certified nursing assistants, this text presents an interesting factual comprehensive coverage of the nursing needs of patients and how these may be met. All material is presented in a simple, concise, logical manner. Many excellent diagrams are used.

An entire chapter is devoted to the practical nurse's responsibilities in the home. The nursing care of a cardiac patient in the home is given in detail. The opportunities to aid in the rehabilitation of the patient by the use of remedial bed exercises, hobbies and entertainment is emphasized.

This book is much more than a textbook of nursing procedures and disease conditions. It constantly presents the importance of developing a basic attitude toward nursing that includes an understanding of the emotional and spiritual requirements of the various patient groups. This is necessary if the practical nurse is to fulfill her role in the community, minister to her patients and derive personal satisfaction from her work.

* * *

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—'Further Studies of the Use of Meat in the Diet of Infants and Young Children', Leverton, Clark, Bancroft & Copeman, Journal of Pediatrics, 40,761 (1952).

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THE FOLLOWING ARE STAFF changes in the Division of Public Health Nursing, Dept. of Health and Welfare.

Appointments — Mrs. *Elaine Ambrey, Patricia Ferraro, Marian Williams* and *Helen MacAleese* to Saanich, South Vanc. Is. Health Unit. *Wilhelmina Beeloo* to Skeena H.U., Prince Rupert. *Maxine Bolton* and *Marguerite Sheppy* to Central V.I. H.U., Nanaimo. *Marion Boyd* and Mrs. *Barbara Longdon* to Selkirk H.U., Nelson. Mrs. *Renee Corbett* to Upper Is. H.U., Powell River. *Pauline Fogg* and Mrs. *Margaret (Imming) Smith* to West Kootenay H.U., Trail. *Elizabeth Funk* to Boundary H.U., Langley. Mrs. *Joan Grace* and *Freda Hilton* to Central Vanc. Is. H.U. at Port Alberni. Mrs. *Joyce Graham* to the Boundary H.U. *Gertrudis Harmsen* to Simon Fraser H.U., Coquitlam. *Jacquelin Hladik* and *Helen Hope* to the Boundary H.U., Ladner. *Rachel Johnson* to South Central H.U., Kamloops. *Mary Kartner* and *Margaret Lattimer* to the Boundary H.U., Cloverdale. *Helen Kennedy* to East Kootenay H.U., Invermere. *Patricia Knowlton* to South Okanagan H.U., Penticton. *Elizabeth McQuarrie* to East Kootenay H.U., Cranbrook. *Eleanor Neill* to Upper Is. H.U., Powell River. Mrs. *Jean Sinclair* to North Okanagan H.U., Salmon Arm. *Gladys Skinner* to Courtenay. *Nita Straker* to South Okanagan H.U., Kelowna. *Martha Thiessen* to Upper Fraser Valley H.U., Abbotsford. *Lilian Whiteside* to Telegraph Creek.

Transfers — Mrs. *Elaine Bradley* to Coquitlam. *Leola Carr* to Hope. *Ruth Clunas* and *Elizabeth Layton* to Kelowna. *Flora Crawford* to Ganges. Mrs. *Edith Fisher* to the North Fraser H.U. *Joan Fisher* and *Betty Hutchinson* to South Vancouver Is. H.U., Saanich. *Lilie Harder* to the Peace River H.U., Dawson Creek. *Aldred Ker* to the Cariboo H.U., Williams Lake. *Marion Lea* to Coquitlam. *Nancy Lee* to Trail. *Lucille Leger* to Trail. *Mary Macartney* to Ashcroft. *Ada O'Brien* to Castlegar. *Marguerite Perry* to Fernie. Mrs. *Phyllis Piddington* to Kamloops. *Fern Primeau* to the Division of Tuberculosis Control, Vancouver. Mrs. *Miriam Stenmark* to Campbell River. *Joan Sutcliffe* to Cariboo H.U. *Margaret Whillans* to Cloverdale. *Hazel Whittington* to Kelowna.

Leave of absence — The following will attend McGill University: *Margaret Brown,*

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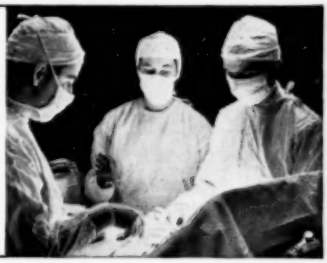

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Yvonne Morris, Fanny Odell, Elizabeth Murray, Jean Oliver, Alison Pelletier and Mrs. *Patricia Kahr. Helen Chernoff, Nora Larson, Elaine Miller, Nancy Idiens, Mearle Gordon* and *Beryl Ross* are enrolled at U.B.C. *Elizabeth Johnson* will attend the University of Alberta; Mrs. *Montana Croft*, the University of Washington; and *Mary Stewart* the University of Pennsylvania.

Returning to their duties after completing university study are: Mrs. *Patricia (Todd) Moore* to Chilliwack; *Merry Andreeff* to Nanaimo; *Jean Fleming* to Fort St. John; *Helen Hawrylak* to Revelstoke; *Chizuko Furuya* to Vanderhoof and *Donalda Ross* to Lillooet.

Resignations — *Helene Pyne* from Prince Rupert. *Yvonne Chapman* from Williams Lake. Mrs. *Pauline Yaholnitsky* from Prince George. Mrs. *Janet (Pallister) Bailey* from South Okanagan H.U. Mrs. *Margaret Hunton* has joined the Indian Health Services. *Vera Andrews* from Cranbrook. Mrs. *Evelyne Girard* from Trail. *Elizabeth Davies* from Rossland. *Betty Page* from Kelowna. *Hazel Fulmore* and Mrs. *June Wicks* from Penticton. Mrs. *Frances Nordquist* from Princeton. *Mary Lackey* and *Dorothy Deeble* from Kamloops. Mrs. *Olive (Clancy) Swanson*, Mrs. *Muriel Ivens, Marcia Davis*, Mrs. *Melva Henderson* from the Boundary H.U. Mrs. *Frances Gladstone* from Simon Fraser H.U. *Kathleen Comerford*, Mrs. *Frances Jordan* from Saanich. *Bertha Heaton* from Chilliwack. Mrs. *Kathleen (McArevey) Judge* from Campbell River. Mrs. *Neda Murray* and *Lois Keating-Fisher* from Courtenay.

News Notes

ALBERTA

District 3

High River

Regular chapter meetings were resumed in September with an attendance of eight members. T. Holowaychuk was appointed secretary to fill the vacancy left by J. Hagg's resignation. An effort is to be made to improve regular attendance of members through a telephoning program.

District 4

Medicine Hat

Twenty-seven members attended the first

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By L. EARLE ARNOW, Ph.G., and MARIE C. D'ANDREA, R.N. 1957, 5th edition 529 pages, 5½" x 8½", illustrated. $4.25.

Over 113 practical experiments in this basic manual

Arnow's — INTRODUCTION TO LABORATORY CHEMISTRY

With over 113 experiments to choose from, this compact manual offers the instructor a wide choice of good laboratory experiments for elementary chemistry courses, or more particularly, for use as an adjunct to the text-book listed above.

By L. EARLE ARNOW; revised with the assistance of MARIE C. D'ANDREA, 1957, 5th edition, 116 pages, 5½" x 8½", $1.50.

An indispensable study and teaching guide

Price — A HANDBOOK FOR STUDENT NURSES (Including Charting)

Designed to help the first year student overcome her weaknesses in spelling, mathematics, reading, writing, vocabulary, personal health and study habits, this practical handbook contains lessons and tests that can be self-taught and self-graded, thus saving the instructor's time. Completely revised, this edition details simplified and improved methods of charting and discusses the importance of this work.

By ALICE L. PRICE, R.N., M.A., 1955. 312 pages, 8½" x 11", $4.50.

Vital synthesis of recent advances in this field

Crossen — SYNOPSIS OF GYNECOLOGY

Written for the student interested in broadening her knowledge, this helpful synopsis details the anatomy, embryology and physiology of the female genital tract and discusses the etiology, pathology, symptomatology and medical treatment of gynecologic diseases and minor operative treatment.

By ROBERT J. CROSSEN, M.D., Associate Professor of Clinical Gynecology and Obstetrics, Washington University School of Medicine. 1956, 4th edition, 255 pages, 4¾" x 7¾", 132 illustrations. $5.25.

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Presented in a simple and succinct form and well-illustrated, this important nursing text helps the student gain an understanding of the pressures of social problems and their effect upon health, and prepares her to give comprehensive nursing care to patients. This revision has helpful chapter summaries and a new chapter on Problems of the Aged. It maintains the Christian viewpoint throughout.

By SISTER MARY ISIDORE LENNON, R.S.M., R.N., B.S., Director of Social Service Department of St. John's Hospital, St. Louis. 1955, 451 pages, 5½" x 8½", illustrated. $4.75.

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chapter meeting of the fall and winter season. Activities to date have included a rummage sale and a Harvest Tea. Mrs. Dederer who was the director of the private duty register resigned from this office in October.

District 7

Edmonton

General Hospital

V. Bulani, a graduate of Saskatoon City Hospital; O. Mendryk and H. Kuchaba, University of Alberta, School of Nursing; I. Purcell, General Hospital, Edmonton have joined the faculty of the school of nursing replacing Misses Day, Carr and Hayes. Fifty-six new students were welcomed at a social evening attended by the faculty and sisters. The alumnae association presented a mannikin and Multiplex stand to the school of nursing.

District 8

Taber

Marie Erickson, a student at the Lethbridge Municipal Hospital, was the recipient of a bursary presented by the Chapter. The presentation was made at a Bursary Tea held during the summer. Plans were made to hold a sale of baking as one of the projects for the season.

Vancouver

St. Paul's Hospital

The Jubilee celebrations were most successful and enjoyable with 280 graduates registering on the first day. Special guests attending the official opening ceremonies included Miss E. Mallory, Director of the School of Nursing at U.B.C.; Miss A. Wright, R.N.A.B.C. registrar; Miss E. Rossiter, president, R.N.A.B.C.; and representatives from the City of Vancouver, the clergy and the medical staff of the hospital. Several of the Sisters attended from a distance: Mother Catherine de Bologne, now assistant Mother General of Montreal; Mother Terisina, provincial superior of Midnapore; Sister Therese Amable, Superior of Lacombe Home, Midnapore; Sister Columkille, presently Superior of Notre Dame Hospital, North Battleford, Sask.; Mother Ann Philomena, superior at Medford, Oregon.

A tour of the hospital and of the nurses' residence, both evidencing many changes, were features of first day activities. The student nurses provided an evening of enjoyable entertainment on that same day. A coffee party and luncheon on the following day brought 360 nurses together for more pleasant reunions and visiting. A ride up Hollyburn Chair Lift and dinner at the Chalet completed the entertainment. A city tour during the next afternoon was climaxed by a garden party at the home of Mrs. E. Gibson, a graduate of the Royal Inland Hospital, Kamloops. That evening the

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Pageant of the History of St. Paul's Training School 1907-57 with a glimpse at 2007 was presented. Mrs. Don MacKenzie was the narrator; Mrs. Lockhart, director; Mrs. Barclay, Mrs. Lawson, props and costuming; Mrs. McEwan, Mrs. Douglas, singing and music; Mrs. MacLean, author; and the Mary Isdale Dancers, various dance routines. The pageant was particularly successful and very much enjoyed.

Various class reunions were held and messages were received from those who unfortunately could not attend the celebrations.

NEW BRUNSWICK

MONCTON

The first chapter meeting for the fall and winter season was held at the Moncton Hospital early in September with M. Hollenbeck presiding. Mrs. N. Smith and Mrs. M. Wilbur were appointed official delegates to the annual provincial convention in St. Stephen. Mrs. D. Carroll was appointed as alternate delegate. Mrs. M. Wilbur, convener of the Cook Book Committee, reported that the second edition of this publication is now available.

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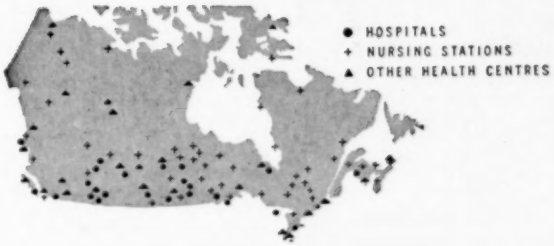

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(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

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tory of the school began their course of training this fall. A total of 60 girls from the city and surrounding districts enrolled.

St. Joseph's Hospital

A special fund has been established for the completion of the hospital building program that is now well advanced. The money realized through the fund will be used mainly for equipment and other furnishings. The former hospital is to be converted for use as a nurses' residence and school of nursing. The new hospital is scheduled for official opening in December.

A class of 40 students has enrolled in the nursing course — the largest class in the history of the hospital. Four students have also started studies in the hospital's school of x-ray technology. Sister Ann Marie has joined the staff of the nursing education department as assistant director. Sister Theresa Carmel is the new science instructor while Theresa Martin is the assistant nursing arts instructor and Mary Lou Wilson is the clinical instructor.

NOVA SCOTIA

SYDNEY

City of Sydney Hospital

The graduating class was honored by members of the alumnae association at a banquet at the Isle Royale Hotel. The guest speaker for the evening was Rev. Mr. Sigmiller from Louisburg. Nineteen new graduates received their diplomas and prizes at ceremonies held on the previous evening. Prize winners were: Shirley MacDonald, the alumnae first prize for dietetics; Joan Boutlier, alumnae second prize for dietetics; Jessie MacLeod, senior auxiliary prize in bedside nursing; Audrey Sheppard, junior auxiliary prize in obstetrical nursing; Sandra MacDonald, the Women's Business and Professional Club prize for highest standing in examinations during the three-year course.

ONTARIO

DISTRICT 5

TORONTO

Women's College Hospital

M. Sharp is supervisor of health services at Walkerton, Ont. D. Wells has joined the teaching staff of the hospital as nursing arts instructor. B. Devine is head nurse on 3rd floor. Mrs. P. (Innes) McMillan is presently in private nursing. Mrs. K. (McLean) Stevens is doing industrial nursing at the Philco plant. Mrs. F. (Smith) Rae has joined the staff of Queensway Hospital as night superintendent. V. Gardhouse is on the staff of the operating room of the same hospital. N. McCrae will attend university this fall enrolled in the public health course. W. Sims received the degree of B.

Sc.N. from Columbia University this year. C. Dixon won an award for instruction given in first aid and civil defence.

District 6

Belleville

General Hospital

Twenty-one new student nurses were welcomed by alumnae members at a coffee party held at the home of Mrs. J. James. The class of '47 held a reunion early this year with twenty former classmates gathering for a lively weekend of parties, dinners and social evenings. Mmes. M. Wiggins, P. Bishop and J. Holway were hostesses for this reunion. A tour through the hospital was included in the program. In August the class of '52 held a similar event, meeting first in the afternoon at the home of Mrs. D. Hackett before enjoying a dinner party at the Golden Acre Inn. Classmates and their husbands gathered at the home of Mrs. D. Duffy later in the evening where Miss D. Potts, the former director of nurses for this class, visited with them briefly. Again a hospital tour was planned so that out-of-towners might acquaint themselves with the changes that have taken place. Miss M. Peart, the director of nursing and honorary president of the alumnae association, was hostess at a dinner in the hospital dining room following the tour.

E. Nickle and J. Frosst have enrolled for postgraduate study at the University of Ottawa while S. Smale is attending the University in Cleveland.

QUEBEC

Montreal

Queen Elizabeth Hospital

A. W. Lindsay and E. Geiger attended the ICN in Rome and enjoyed an extensive motor trip through Europe before returning home. A. Tulloch is the new supervisor of 5th floor with R. Matzabuchi as her assistant. E. Hawke recently returned to the staff following a period of sick leave. M. McLeod and M. Ives joined the staff recently. P. Poole is attending McGill University again this year where she is completing her studies in the teaching and supervision course. K. Grant has enrolled in the postgraduate course in operating room technique at the Montreal General Hospital. M. Williams has joined the staff of the hospital in Kitimat, B.C.

Royal Victoria Hospital

The national officers of the Canadian Red Cross Society have announced that the national nursing bursary awarded annually for postgraduate work in Canadian universities has been granted to Miss Ann Malcolm. She joined the staff of the Junior Red Cross of Quebec in 1954 as a case and field worker. This year Miss Malcolm was loaned by the Quebec division to become a mem-

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ber of the nursing team providing public health nursing services at staging camps for Hungarian refugees in the Netherlands. This is the first time that the bursary has been awarded to a member of the Junior Red Cross staff. Miss Malcolm has enrolled in the public health nursing course, McGill School for Graduate Nurses.

C. Cobb and M. Murray visited recently en route to Vancouver. E. Murray, A. Pelletier, O. Roman, A. Malcolm, D. Chisholm and S. Snow are attending McGill University. G. Fleming is working in Paris, France. L. (Rosevear) Denman has resigned from the staff of the Nursing School Office and M. Clark has replaced her. J. Evans has replaced J. McAdam who attending the University of Western Ontario.

SASKATCHEWAN

SASKATOON

St. Paul's Hospital

The Golden Jubilee celebrations and the reunion of the graduates of the school of nursing left many happy memories for those who attended. Almost 300 nurses from every class back to 1914 met again — some for the first time in 40 years. Attendance at the dance given in honor of the graduating class was one of the highlights. Graduates from the classes of 1914 to 1935 staged a most successful Grand March as their contribution to a gala evening.

Class parties went on throughout the entire week. Hostesses included Mrs. J. T. MacKay and Mrs. R. D. Roberts; Mrs. Thorpe and Mrs. R. Lloyd who entertained members of the classes of '29 and '30; Mrs. P. Lepp, with members of classes '31 to '34 as her guests; Mrs. J. M. Bell, Mrs. L. Atwell and Mrs. B. Craig.

The alumni association observed its 32nd anniversary during the same week and 300 members attended ceremonies in connection with it. A brunch was held at the Bessborough, with Miss M. Dingwall as chairman for this very pleasant event. Snapdragons in shades of garnet and gold formed a striking flower arrangement for the table. Miniature nurses were used as attractive and unusual place cards. Mr. D. Worden was the guest speaker and representatives of the City and the medical staff were included among the special guests.

A reunion luncheon at the Bamboo Gardens was attended by over 300 nurses. Miss M. Dingwall, president of the alumni association, was presented with a gift in appreciation of her vigorous efforts in making the reunion such an outstanding success. Two graduates — Mrs. F. Eaton and Mrs. O. Haroldson — were honored with life memberships. For a few moments attention was centred on alumni members who have passed on as the lovely garnet and gold floral arrangement was dedicated to them by Mrs. Roy Anderson.

The degree of success of this year's reunion is indicated by the fact that plans are already underway for a similar event in 1962.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Hospital Superintendent for modern 28-bed hospital (Duties to commence November 15, 1957.) Supervisory ability necessary. Excellent living quarters. Apply stating references, age, experience & salary expected to Sec., Mrs. M. S. Leslie, The Executive Committee, Bingham Memorial Hospital, Matheson, Ontario.

Matron for modern 8-bed hospital. Salary: $300 per mo. **General Duty Nurse (1).** Starting salary: $240 per mo. with $5.00 increment after each 6-mo. service up to $250 per mo. Full maintenance provided for $30 per mo. Apply to B.E.L. Magnusson, Sec.-Treas., Union Hospital, Hodgeville, Saskatchewan.

Administrator for 30-bed Wood River Convalescent Center, now under construction. Write stating experience & qualifications to Miss Dorothy Alexander, Lincoln County Public Health Nurse, Court House, Shoshone, Idaho.

Nursing Supervisor (as soon as possible) for 16-bed hospital. Salary: $280 less $45 for full maintenance in new nurses' residence. 40-hr. wk. 28-day vacation after 1-yr. service. 10 statutory holidays per yr. Fare refunded up to $40 after 1-yr. service. For full information please apply giving qualifications in detail in 1st letter to Chas. F. Collins, Secretary, General Hospital, Golden, British Columbia.

Nursery Supervisor for new Nursery Unit. Postgraduate study or previous experience desired. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Night Supervisor and **General Duty Nurses** for 60-bed hospital to be increased to 100 beds in fall. Good personnel policies. Residence accommodation available. For further information apply, Superintendent, Alexandra Marine and General Hospital, Goderich, Ontario.

Supervisor for Central Supply Department of new hospital being opened early in 1958. Applicant to be prepared to assist in setting up department & assessing staff requirements. Apply stating age, experience & salary expected before January 1, 1958 to Director of Nursing, The Greater Niagara General Hospital, Niagara Falls, Ontario.

Night Supervisor (1), Operating Room Scrub Nurse (1), General Duty Nurses (2) for General Hospital. Please apply to Miss Dorothy Doan, Director, General Hospital, Strathroy, Ontario.

Operating Room Supervisor (Postgraduate course in O.R. technique required) for 140-bed hospital. Full maintenance. Travel arrangements. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Supervisor for 7-Theatre Operating Room. 370-bed approved general teaching hospital with new building program. 650-750 cases monthly. Applicants should have experience in similar situation with added preparation in operating room work. Salary open. Pleasant coast city of 300,000, mild climate, 21-mi. from Los Angeles. Outstanding recreational opportunities. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Assistant Evening & Night Supervisor — Salary minimum: $270 per mo. plus meals & laundry. **Assistant Head Nurses** for Medical & Surgical Wards — Salary Minimum: $240 per mo. plus meals & laundry. (800-bed hospital) Preparation & experience recognized. Apply to Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Assistant Operating Room Supervisor for 800-bed hospital (5 Operating Room Theatres.) Position requires postgraduate course in operating room & experience. Apply to the Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Assistant Operating Room Supervisor for 250-bed General Hospital. Postgraduate course preferred, previous experience considered. Good personnel policies. For further information apply to Director of Nursing, General Hospital, Belleville, Ontario.

Medical—Surgical Instructor. Classroom & clinical teaching. Classes approximately of 20 students. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Pediatric Head Nurse with postgraduate or equivalent experience. Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Head Nurses & Registered General Duty Nurses for surgical, medical & obstetrical depts. Gross salary for nurses currently registered in Ont.: $235 per mo. — extra allowance made for Head Nurses. Good Personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift, 44-hr. wk. 1-day off 1-wk., 2 the next. 1½ day holiday allowed per mo., same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1-yr. service. Apply Superintendent, Lady Minto Hospital, Cochrane, Ont.

Assistant Head Nurses, Assistant Operating Room Nurse & Staff Nurses. Excellent personnel policies. Apply Director, Shriners' Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

McKellar General Hospital, Fort William, Ontario requires **General Duty Staff Nurses** interested in coming to northwestern Ontario. Basic salary, $225 per month. Good personnel policies. Renovation program now complete. Openings in all departments. For further information apply to the Director of Nursing.

Registered Nurses for General Staff Duty & Operating Room in modern hospital opened February, 1957 & situated in the midst of one of Canada's most prosperous mining districts. Beginning salary:: $240 per mo., plus annual bonus plan, merit increase in 6-mo. to $250 per mo., subsequent increases to $270. Sick leave accumulative to 60-days. Free laundering of uniforms. Partial refund of transportation. Apply Director of Nursing, Memorial Hospital, Regent St. S., Sudbury, Ontario.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

General Staff Nurses for 370-bed approved General Hospital with intern & resident program. $300 per mo. starting salary. $15 per mo. increases at 6, 12, 24 & 36 mo. 40-hr. wk. Paid vacation, paid sick leave. 7 paid holidays. Pleasant coast city in outstanding recreational area. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Nurses, eligible for California Registration for staff positions, all shifts. Basic salary: Days, $323 — Afternoons, $338 — Nights, $333, also specialty differentials. 6-mo. increase for 3 yrs. 40-hr. wk. 2-wk. vacation per yr., 8 paid holidays. Sick leave. Complete health coverage & $1,000 life ins. Temporary housing available. Opportunity for advancement. Apply Director of Nursing, Kaiser Foundation Hospital, Los Angeles, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses: Salary range: $315-$391; rapid advancement to Head Nurse, range: $351-$436. 200-bed modern hospital in "Heart of Feather River Recreation Area," near proposed Feather River Dam site. Liberal fringe benefits. 40-hr. wk. 12 holidays. 2-wk. vacation. 1-day sick leave per mo. accumulative to 60 days. Night & P.M. differential. Retirement plan. Group Health Ins. & maintenance available. Apply Director, Nursing Service, Butte County Hospital, Oroville, California.

Graduate Staff Nurses for 400-bed, well-equipped teaching hospital. Experienced nurses start at $320 per mo. days, $350 evening & nights. Room accommodation in attractive residence at reasonable rates. Convenient transportation to colleges & Loop. Apply Director of Nursing Service, Dept. CJN, Mount Sinai Hospital Medical Center, 2750 West 15th Place, Chicago 8, Illinois.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses' Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered Staff Nurses. Never a dull moment for the graduate nurses who decide they would like to join us at the University of Texas Medical Branch Hospitals. 40-hr. wk. in our air-conditioned hospitals leaving 128 hrs. to enjoy the beach & nearby resorts. Galveston boasts an average temperature in the low seventies which means that swimming, fishing, horseback riding & sailing can be enjoyed the yr. round. Positions available in the clinical area of your choice. Monthly salary begins at: $290 for rotating — $304, for extended evenings or nights. Uniforms laundered free. Liberal personnel policies & opportunities for advancement. Comfortable air-conditioned residences including maid service at moderate cost. Excellent opportunities for advanced study leading to both B.S. & M.S. degrees. Write for further information to Director of Nursing Service, University of Texas Medical Branch Hospitals, Galveston, Texas.

Registered General Duty Nurses (2) immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alta.

Registered Nurses (2) immediately for 30-bed hospital within 1-hr. drive from Waterton National Park, ½-hr. from Lethbridge & 4-hr. from Calgary & Great Falls, Montana. Salary: $230 per mo. gross. $5.00 increases at the end of 6 & 12 mo. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1-yr. plus all statutory holidays. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered Nurses (Immediately) for 31-bed hospital. Salary: $252 per mo. with annual increments of $10 per mo. Excellent single room accommodation in comfortable nurses' home free, meals at nominal rates (or full maintenance $30 per mo.) 28-day annual leave plus 3-day travelling time. Steamship fare from Vancouver or Prince Rupert refunded after 6 mo. Full recreational facilities in pleasant surroundings in this modern up coast town. For full information please write to the Matron, General Hospital, P.O. Box 640, Ocean Falls, British Columbia.

Registered Nurses (2) for 16-bed modern hospital. Salary: $200 & full maintenance, $5.00 increment each 6-mo. for 4 increases. 8-hr. day, 44-hr. wk. 3-wk. vacation with pay after 1-yr. service plus statutory holidays. Apply to A. C. Laughlin, Secretary, Wilson Memorial Hospital, Melita, Manitoba.

Registered General Duty Nurses. Salary minimum: $230, maximum: $265. Evening duty additional $10. 40-hr. wk. Statutory holidays, liberal sick time, pension plan, holiday allowance. Accommodation available in nurses' residence, uniforms laundered free. Apply Superintendent of Nurses, Winnipeg Municipal Hospitals, Morley Ave. E., Winnipeg 13, Manitoba.

Registered General Duty Nurses for 28-bed General Hospital. Good salary & personnel policies. 44-hr. wk. Adjacent attractive residence. Recreation facilities. For further particulars apply Miss A. Burnett, Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses (4) for 105-bed Pembroke Cottage Hospital as replacements for ones who have been married. Pop. of town, 15,000. 8-mi. from Camp Petawawa, 2-hr. from Ottawa & 4-hr. from Montreal with excellent train & bus service. Active, interesting community social life in heart of the beautiful Ottawa Valley. Active ski club, curling club & skating, also the home of the famous Pembroke Lumber Kings Hockey Team. 2-theatres & a "drive-in". Nurses residence is available if desired, 2 blocks from the hospital. Gross salary: $210-$235 with increase at the end of 6-mo. & 1 yr. 3-wk. vacation, 7 statutory holidays. 14-day sick leave. No night duty. Blue Cross Medical/Surgical participation. Forward application to the Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered Nurses for Recovery Room, Head Nurse & General Duty. New salary scale & personnel policies on request. Apply stating age, experience, when available, salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Quebec.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $210 per mo., $5.00 increase every 6-mo. for 5 increases. Monthly bonus for permanent evening & night shifts. 44-hr. wk. Many attractive benefits. Board & accommodation available at minimum cost in new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Quebec.

Registered or **Graduate Nurses** (3) required immediately for 45-bed hospital. Salary according to S.R.N.A. schedule; $5 increments every 6 mos. $50 travel expenses allowed after 1 yr. service. Maintenance, $30 monthly. 4 doctors on staff. Daily bus service to North Battleford and Saskatoon. Apply, Matron, Union Hospital, Meadow Lake, Sask.

Registered or Graduate General Duty Nurses for 20-bed modern hospital. Salary: R.N.'s; $240 - Grad.; $220. Increment after each 6-mo. service. Maintenance $30 per mo. 1-mo. vacation with pay after 1-yr. service. Separate staff residence. Apply Matron or Sec.-Manager, Riverside Memorial Hospital, Turtleford, Saskatchewan.

Registered Nurses for 105-bed accredited General Hospital. Salary: $330-$360 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Director of Nurses, Glenn General Hospital, Willows, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses (Male or Female) for Medical-Surgical Supervisor. 70-bed hospital. Starting salary: $265. 40-hr. wk. 2-wk. vacation. Sick leave. Uniform laundry. 1 meal. 3-11 & 11-7 shift. Apply Director of Nurses, Louise G. Wallace Hospital, Lebanon, Missouri.

Nurses — eligible for registry — immediate openings for general duty & surgery. Starting salary: $275 per mo. 40-hr. wk. Maintenance furnished if desired. Hospital located 12 mi. south of Portland with educational & cultural advantages; near mountains & seashore. Apply to Director of Nurses, Oregon City Hospital, 515 Tenth St., Oregon City, Oregon.

Registered General Duty Nurses (100-bed.) Good bedside nursing required. 40-hr. wk. Rotating duties. Excellent personnel policies. You can arrange for R.I. State Registration. Apply Nurse Director, Jane Brown Memorial Hospital, Providence 3, Rhode Island.

Registered Nurses! Spend your winter in the Sunny Southwest — New Mexico, "The land of Enchantment." Vacancies for staff duty in Medicine, Surgery, Obstetrics, Pediatrics, T.B. San (adults and children) and Operating Room. Salaries: $285-$315, days; $10 differential for evenings and nights; $15 differential, operating room. No shift rotation. Excellent job benefits. Board and room in nurses' residence, $43 per month. Free transportation via 1st Class Air travel to Albuquerque and return in exchange for a 1-yr. employment contract. Write or call collect Mrs. Margaret Nelson, Director of Nursing, Presbyterian Hospital Center, 1012 Gold Ave. S.E., Albuquerque, New Mexico. Phone 3-5611.

Graduate Nurses for 64-bed General Hospital (Construction on modern new wing to start this summer.) Salary: $230 per mo. if Alberta registered, less $30 for room & board. $5.00 increment after 6-mo. 28-day vacation after 1-yr. service. Statutory holidays, 1½ day sick leave per mo. Living accommodation. Travelling expenses up to $50 paid after 1-yr. service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses (2) immediately for newly decorated small country hospital (40-mi. paved road to Grande Pairie.) Starting salary: $230 less $30 room & board. Laundry free. Good working conditions. Fare will be refunded after 12-mo. service. Apply Matron, Municipal Hospital, Hythe, Alberta.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses. Positions available at 398-bed, non sectarian, acute, general hospital with fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Apartments available in immediate neighborhood. Apply, Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th Street, Cleveland 6, Ohio.

General Duty Nurse for 17-bed hospital. Salary: $230 gross. $5.00 per mo. increase after each 6 mo. up to 3 increases. Transportation refunded after 6-mo. service. 1 mo. vacation after 1-yr. service. 2-wk. sick leave each yr. paid for if not used. Apply Municipal Hospital, Elnora, Alberta.

General Duty Nurses, $255. 40-hr. wk. 28-day vacation yearly plus 10 statutory holidays. Sick leave 1½ days monthly, accumulative after 6-mo. Room & full board $25 per mo. Fare from Vancouver advanced or refunded after 6-mo. service. Apply Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses & Operating Room Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses — $250-$300. 40-hr. wk. $35 per mo. full maintenance, comfortable home close to hospital. 10 statutory & 28-day annual holiday. 1½ day sick leave per mo. accumulative indefinitely. Very active town, in world famous Cariboo country. Apply Director of Nurses, War Memorial Hospital, Williams Lake, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses residence. For further information apply to Superintendent of Nurses.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for an accredited 64-bed hospital. Starting salary: $225 per mo. with annual increments. Good personnel policy with sick leave benefits, holidays & paid vacation. Residence accommodation available. Apply Director of Nursing, Douglas Memorial Hospital, Fort Erie, Ontario.

General Duty Nurses, O.R. Nurse & Certified Nursing Assistant for 70-bed General Hospital. Apply Acting Director of Nursing, Ross Memorial Hospital, Lindsay, Ontario.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses & Certified Nursing Assistants for 25-bed hospital in northern Ont. Starting salary: $240 per mo. & $170 per mo. Room & board $28.50 per mo. 5½-day wk. 8-hr. duty. Annual vacation. 1-day sick leave per mo. after 6-mo. Apply Superintendent, Mrs. G. Gordon, District Memorial Hospital, Nipigon, Ontario.

General Duty Nurses for all departments. Gross salary: $235 per mo. if registered in Ontario, $215 per mo., until registration has been established. $20 per mo. bonus for evening & $10, night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 12 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurses. Opening new wing in October. Registered Nurses starting salary: $190 plus full maintenance 8-hr. duty, 5½ day wk. Accumulated 5 or 6 days off following 2-wk. night duty. Apply Saugeen Memorial Hospital, Southampton, Ontario.

General Duty Nurses for 18-bed hospital. Salary: $225 & board with yearly increase of $10 per mo. for 3-yr. 44-hr. wk. 3-wk. vacation. Apply Mrs. H. Moore, Matron, Union Hospital, Oxbow, Saskatchewan.

General Duty Nurses (English speaking) for 466-bed hospital. Salary: California registered, $315 — Canadian registered, $285. Differential: $22.50 for 3-11 & 11-7 shifts. Nurses' residence available. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, California.

General Duty Nurses, Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

General Duty Nurses for 50-bed hospital located in mountainous portion of Colorado. Salary: $290 plus fringe benefits. Opportunity for advancement and increase in salary. Registration requires graduation earlier than 1952 or 3 months each in psychiatry and pediatrics segregated services. Apply, Superintendent, Community Hospital, Alamosa, Colorado.

Operating Room & General Duty Nurses for new 63-bed hospital, 35-mi. from Vancouver. Hospital expected to open about January, 1958. Apply Director of Nursing, Maple Ridge Hospital, Haney, British Columbia..

Scrub Nurses (Immediately) for 500-bed General Hospital with school of nursing. Basic salary: $245 per mo. with increments for 2-yr. service or more, or postgraduate study. 40-wk. Must be eligible for B.C. registration. Apply Director of Nursing, Royal Jubilee Hospital, Victoria, British Columbia.

Operating Room Nurse for modern Operating Room suite. Experience preferred. Please apply stating salary expected to Superintendent, Lady Minto Hospital, Cochrane, Ont.

Operating Room — Registered Nurses interested in cardiac, neuro, orthopedic & general surgery required for large department. Personnel policies on request. Apply to Director of Nursing, The Hospital for Sick Children, Toronto 2, Ontario.

Delivery Room Nurses (to rotate hours of duty) for new Obstetrical Dept. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Laboratory Technicians (For U.S.A.) experienced in all clinical procedures of General Hospital Laboratory. Interesting position. Advancement. Apply Morristown Memorial Hospital, Morristown, New Jersey.

Public Health Nurse for generalized program in area adjacent to Edmonton. Duties to commence October 1. Salary: $3312-$3600 depending on experience and with certificate in PHN. 3 wk. annual vacation; pension plan; Blue Cross; Medical Services Plan; adequate sick leave. Car furnished on duty. Apply, Medical Officer of Health, Stony Plain-Lac Ste Anne Health Unit, Stony Plain, Alta.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Salary range: $290-$345 per mo. depending on experience. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. A 5-day wk. in most districts. Uniform allowance. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Applications obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver, to be completed & returned to the Chairman, Civil Service Commission, 544 Michigan St., Victoria, British Columbia.

Public Health Nurses for generalized program for the City of Belleville Board of Health. Salary based on experience. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross Plan, 50% of same paid by city., P.S.I. also available. Pension Plan. Liberal car allowance. Apply to Dr. McColl Metcalfe, Medical Officer of Health, City Hall, Belleville, Ontario.

Public Health Nurses for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Public Health Nurses (2). Qualified. Experienced (preferably). Immediately for a generalized public health nursing service. State salary expected. Annual increment. Transportation provided. 5-day wk. Pension & hospitalisation plans employer shared. Apply Miss Gertrude H. Tucker, Supervisor, Public Health Nursing, Board of Health, City Hall, 50 Centre St., Oshawa, Ontario.

Public Health Nurse qualified to supervise nurses for the proposed Carleton Health Unit in the suburban Ottawa area with a pop. of approx. 25,000. Apply stating qualifications & salary expected to William H. Brunette, Sec.-Treas., Carleton Health Unit Board, Court House, Nicholas St., Ottawa, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ontario.

APPLICATIONS WILL BE ACCEPTED BY THE

SECRETARY OF THE BOARD OF GOVERNORS,

KINGSTON GENERAL HOSPITAL, KINGSTON, ONTARIO

for the position of

DIRECTOR OF NURSING

General Duty Nurses for Ear, Eye, Nose & Throat Operating Room. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ontario.

Graduate Nurses for 33-bed General Hospital 45 mi. from Sudbury. Salary: $265-$315. Half yearly increments. Blue Cross & laundry provided. Please apply Superintendent, General Hospital, Espanola, Ontario.

Registered General Duty Nurses. Salary: $250 per mo., plus $5.00 increase semi-annually for first year, plus $10 per year for 3 years. Maintenance: $45 per mo. Apply: Superintendent, Little Long Lac Hospital, Geraldton, Ontario.

Registered General Duty Nurses (2) for 21-bed hospital. Salary: $250 per mo. minimum, less $40 for maintenance. 40-hr. wk. 4-wk. yearly vacation. Apply: Superintendent, Burns Lake Hospital, Burns Lake, British Columbia.

General Duty Nurses for 350-bed hospital with NLN accredited school of nursing, 20 min. from downtown Detroit. Beginning salary: $325, increments at 6 mo. & 1-yr. Rotating shifts or permanent afternoon & night shifts. 2-wk. vacation. 6 legal holidays per yr. with no loss in salary. 18-day sick leave. Liberal hospital, medical, surgical & life insurance benefits. Apply: Director of Nursing, Highland Park General Hospital, Highland Park 3, Michigan.

Dietitian for 100-bed hospital on the northern coast of British Columbia. Salary: $300 per mo., 3 annual increments of $10 each. 1-mo. annual vacation with pay. 10 statutory holidays per yr. 18-day sick leave with pay per yr., accumulative to 36 days. Maximum of 60-day travelling allowance after full yr. of service. Living accommodation available in modern nurses' residence, $50 per mo. Apply, giving full particulars of qualifications, experience & references to: Administrator, General Hospital, Prince Rupert, British Columbia.

Registered General Duty Nurses for 32-bed General Hospital. Salary: $240 per mo. Annual increment. 40-hr. wk. 4-wk. vacation with pay after 1-yr. 10 statutory holidays with pay per yr. 1½-day sick leave per mo. References required. Apply: Sister Superior, Providence Hospital, Fort St. John, British Columbia.

Position Wanted

Experienced General Duty Nurse (Registered in Quebec, Ontario & British Columbia) available in January, 1958, desires position in small hospital. Excellent recommendations. Laboratory & x-ray qualifications. Please reply to Box P., The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Quebec.

UNIVERSITY OF ALBERTA HOSPITAL

requires

GENERAL STAFF NURSES

for

1,200-bed General Hospital

40-hr. wk. Salary Schedule: $230-$260 per mo. with generous allowance for past experience. Excellent fringe benefits.

For further information apply to:

ASSOCIATE DIRECTOR OF NURSING SERVICE,
UNIVERSITY OF ALBERTA HOSPITAL, EDMONTON, ALBERTA.

SASKATCHEWAN

The Southwest Regional Hospital Council can offer appointments to Registered Nurses in many of the following locations in Southwest Saskatchewan:—

CABRI — CLIMAX — EASTEND — FRONTIER — PONTEIX — GULL LAKE — HERBERT — LEADER — MAPLE CREEK — VAL MARIE — PRELATE — SHAUNAVON — SWIFT CURRENT — VANGUARD.

Salaries in the scale $250 — $320 per month.

Accommodation, meals and laundry provided for a monthly deduction of $30.

Good personnel policies.

For further information please apply to:—

C. J. A. SLOAN,
REGIONAL HOSPITAL CO-ORDINATOR,
SOUTHWEST REGIONAL HOSPITAL COUNCIL,
SWIFT CURRENT, SASKATCHEWAN.

The Toronto General Hospital

requires

Registered Nurses

and

Certified Nursing Assistants

For Medical, Surgical and Obstetrical Services.

Excellent opportunities as our facilities are expanding.

Good Personnel Policies, including Pension Plan.

Apply to:

Director of Nursing
Toronto General Hospital,
Toronto 2, Ontario.

GENERAL STAFF NURSES
and
OPERATING ROOM NURSES

Salary $240 per month plus Bonus Plan. Perquisites include: liberal vacation plan, 8 statutory holidays, sick leave accumulative to 60 days, free laundering of uniforms, partial refund of transportation.

For further information please apply:

DIRECTOR OF NURSING, MEMORIAL HOSPITAL, SUDBURY, ONTARIO.

REGISTERED NURSES

Salary range $325-$360 per month; differential on p.m. shift $1.50, nights $1.00.

Openings in Obstetrical and Medical-Surgical services.

Apply to Personnel Department,

WOMAN'S HOSPITAL
432 HANCOCK AVENUE E.,
DETROIT 1, MICHIGAN

Nurses who live here never stop learning... growing

Residence, Cook County School of Nursing

...they work at

Cook County Hospital

... IN ONE OF THE LARGEST, MOST STIMULATING MEDICAL CENTERS IN THE WORLD

Here's an opportunity to gain unique and valuable experience in a *public* hospital — world's largest for acute medical conditions. Cook County Hospital offers you the stimulation of working with more than 2,500 other doctors and nurses in one of the world's largest and most exciting medical centers. Housing is available at nominal cost. Salaries begin at *$330.00 for a 37½ hour week*. And you're only minutes from Chicago's fabulous Loop and local universities.

Graduate Nurses! Positions open in all clinical areas! Write today to Director, Cook County School of Nursing, Dept. C., 1900 West Polk Street, Chicago 12, Illinois.

DIRECTOR OF NURSING

required for

NEW 85-BED GENERAL HOSPITAL

School of Nursing planned to open September
Salary schedule commensurate with experience
Enquiries are invited from qualified persons

Apply: THE PORTAGE HOSPITAL DISTRICT #18,
PORTAGE LA PRAIRIE, MANITOBA.

SCIENCE INSTRUCTOR

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BRANDON GENERAL HOSPITAL

SCHOOL OF NURSING, BRANDON, MANITOBA

60-STUDENTS, 2 CLASSES PER YR. 148-BED HOSPITAL

DUTIES TO COMMENCE IMMEDIATELY

For further information please

APPLY TO DIRECTOR OF NURSING

TORONTO HOSPITAL

(for Tuberculosis)

WESTON (TORONTO 15)

ONTARIO

Applications are invited from graduate nurses for general duty staff appointments in metropolitan Toronto. Opportunities for advancement. Pension plan. Accumulative sick leave. Residence for nurses available. Also postgraduate course.

For further information apply to:

Director of Nursing,
Toronto Hospital for T.B.
Weston (Toronto 15) Ont.

REGISTERED NURSES

Gross salary for nurses currently registered in Ont. $240 per mo. Good personnel policies in a modern well equipped 100-bed General Hospital, in a friendly community. 8-hr. rotating shifts, 44-hr. week, 1-day off 1-week & 2 the next. 21-day vacation after 1-year. 7 legal holidays per year.

Apply:

MISS WILLAMENE R. ALLAN
Director of Nursing, General Hospital
Port Colborne, Ontario

IMMEDIATE VACANCIES

Nurses (bilingual preferred), Provincial Hospital, Campbellton, Province of New Brunswick. General Duty Nurses with or without experience in psychiatric nursing. Salary commensurate with training & experience.

Minimum: $2,700 per annum

Maximum: $3,300 per annum

Annual Increment: $120.

Full Civil Service benefits after permanent appointment include 3-wk. vacation with pay, generous sick leave credits & superannuation. Comfortable living quarters & full maintenance supplied for $42 per month.

Apply:

CIVIL SERVICE COMMISSION, P.O. BOX 1055, FREDERICTON, N.B.

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THE VANCOUVER GENERAL HOSPITAL

requires

GENERAL STAFF NURSES

REGULAR AND VACATION RELIEF POSITIONS IN PEDIATRICS, OBSTETRICS, MEDICINE AND SURGERY

1500 bed teaching hospital, heart of British Columbia's medical centre

ATTRACTIVE PERSONNEL POLICIES

Salary $249 — $289 per month. 5 day, 40 hour week

(Eligibility for registration in B.C. necessary)

PLEASE APPLY TO PERSONNEL DEPARTMENT, VANCOUVER GENERAL HOSPITAL, VANCOUVER, B.C.

REGISTERED NURSES

$2,700-$3,540

ACCORDING TO QUALIFICATIONS

CERTIFIED NURSING ASSISTANTS

$2,130-$2,310

SUNNYBROOK HOSPITAL 5-day week **WESTMINSTER HOSPITAL**
TORONTO **LONDON**

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

CIVIL SERVICE COMMISSION, 25 ST. CLAIR AVE. E., TORONTO 7, ONTARIO

GRADUATE NURSES — SUBURBAN TORONTO

Are invited to enquire re: employment opportunities in a well-staffed new 125-bed hospital in suburban west Toronto. General duty salary range: $225 to $275 per mo. Residence accommodation optional. Personnel manual forwarded on request. Enquire to:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL, 200 CHURCH ST. WESTON, TORONTO 15, ONTARIO. CHerry 4-5551.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $240 to $280 gross per month. Differential for evening and night duty. Residence accommodation if desired.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASKATCHEWAN

GRADUATE STAFF NURSES — YOU WILL LIKE IT HERE

Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $295 per mo. 6 holidays, sick leave, 3 wk. vacation.

For further details write:

Director — Nursing Service, University Hospitals of Cleveland, Ohio.

REGISTERED NURSE
(Public Health Training)

An opening at the Bluebell Mine of The Consolidated Mining & Smelting Company of Canada Limited, situated on beautiful Kootenay Lake at Riondel, near Nelson, B.C.

Duties include nursing services for employees, their families and the community, acting as intermediary between patients and non-resident doctors. Home visits to sick or injured. Arranging for and assisting doctor in weekly clinics. Cooperate with First Aid Group, providing nursing service to accident cases on property. Other related duties. Emergency hospital at property.

Accommodation available with modern conveniences.

Starting salary: $325 per month.

Apply: Manager, Personnel Division,

THE CONSOLIDATED MINING & SMELTING CO. OF CANADA LTD.,
TRAIL, BRITISH COLUMBIA.

EXECUTIVE SECRETARY TREASURER

The Saskatchewan Registered Nurses' Association invites applications for the position of Executive Secretary Treasurer.

Applicants must have experience in Nursing Service and Nursing Education.

Experience or postgraduate study in Administration would be an asset.

Apply in writing stating qualifications, experience and salary expected to:

MISS LUCY D. WILLIS, PRESIDENT, S.R.N.A.,
SCHOOL OF NURSING,
UNIVERSITY OF SASKATCHEWAN,
SASKATOON, SASKATCHEWAN.

ALBERTA

requires

PUBLIC HEALTH NURSES

for

SENIOR AND STAFF POSITIONS IN HEALTH UNITS

and for the

MUNICIPAL NURSING SERVICE

New Salary Schedule in effect since 1st April, 1957.

Application forms and details from:

DIRECTOR OF PUBLIC HEALTH NURSING,
PROVINCIAL DEPARTMENT
OF PUBLIC HEALTH,
ADMINISTRATION BUILDING,
EDMONTON, ALBERTA

VICTORIAN ORDER OF NURSES FOR CANADA . . .

requires

PUBLIC HEALTH NURSES

for Staff and Supervisory positions in various parts of Canada.

Applications will be considered from Registered Nurses without Public Health training but with University entrance qualifications.

SALARY, STATUS AND PROMOTIONS ARE DETERMINED IN RELATION TO THE QUALIFICATIONS OF THE APPLICANT.

Apply to:

Director in Chief,
Victorian Order of Nurses
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5 BLACKBURN AVENUE
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The majority
of adult **DIABETICS**
will respond to
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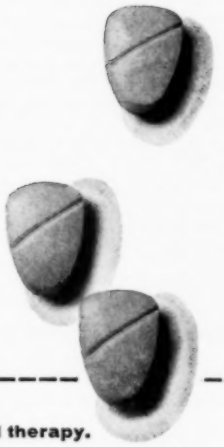

How to select patients for Mobenol therapy.

Generally, a majority of those diabetics whose condition developed in maturity — after age 40 — and whose insulin requirements are low or moderate will respond to Mobenol.

Best chance Majority will respond	Diabetes developed after 40 and requires less than 40 units of insulin daily.
Fair chance up to 30% will respond	Diabetes developed between 20 and 40 years of age and is relatively stable.
Poor chance under 10% will respond	• Diabetes developed under age 20. • Unstable diabetes (ketonuria promptly follows insulin withdrawal) • High insulin requirements or insulin-resistant.

Supply
Mobenol
(tolbutamide, Horner)
orange 0.5 Gm. tablets
in bottles of 50.

Mobenol
oral diabetes therapy

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Your recommendation of partly-skimmed Morning Milk is protected by the time-proven quality controls that have made Carnation Milk the accepted milk for full-fat infant feeding:

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